Geriatric Medicine in Belgium: from te past to the future.

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Congratulations to all of you !

You made the best choice!

Covid-19 and Nursing homes…

Between febr and may 2020 :
27% more deaths as expected.

Older persons organisations ask in Flanders for a “ouderenrechten commissariaat” (example: “kinderrechten commissariaat”)

Why I choose for geriatric medicine at a moment it was not existing in Belgium?

The “geriatric movement” starts in the UK

- 1935: Dr.Marjorie WARREN: “why this patient is now in this bed?” in old style workhouse infirmaries with many undiagnosed and untreated illness.
- 1943: BMJ.: “Multidisciplinary team”
- 1947: BMA.: “The care of the elderly”
- 1950: Recognition of Geriatric departments in General Hospitals and Geriatricians
- 1965: Ferguson ANDERSON: 1st Prof. in geriatric medicine
- 1972: Geriatric Day Hospitals


Admissions
Enquiries
All wards
Service area
Car park
10
MPH

Marjory Warren – “the mother of British Geriatrics” (1897-1960)

1947

British Geriatric Society

Geriatric Medicine within the General Hospital

To keep more Older people longer in their own home and so autonomous as possible.

MIDDLE AGES

Care

MODERN MEDICINE

Diagnosis

Therapy

Rehabilitation

Who is old??

Who is old??

- +65?
  - Age of retirement, fixed in 1890
- +60?
  - United Nations
  - Flemish Community
- **+50?**

  Plus Magazine…

United Nations' Definitions 1963…

	United Nation's definition 1963	Real situation today !
3rd Age	60-74	70-84
4th Age	≥75	≥85

Geriatric Medicine (accepted Malta, 03/05/08; modified Copenhagen 06/09/08) (UEMS-geriatrics)

Geriatric Medicine is a specialty of medicine concerned with physical, mental, functional and social conditions in acute, chronic, rehabilitative, preventive, and end of life care 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.

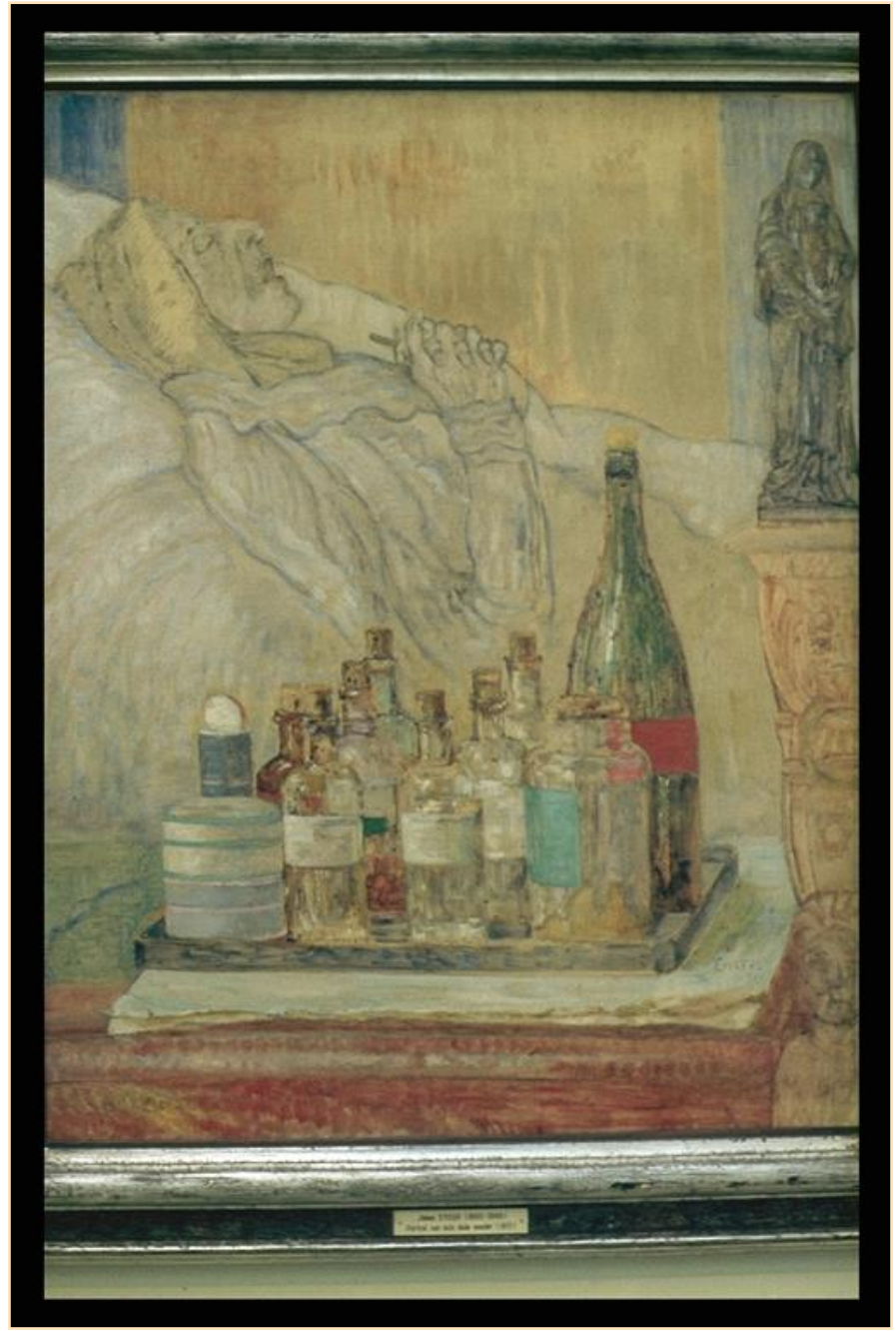
Geriatric Medicine therefore exceeds organ orientated medicine offering additional therapy in a multidisciplinary team setting, the main aim of which is to optimise the functional status of the older person and improve the quality of life and autonomy.

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.

THE GERIATRIC PATIENT

- 1.HIGHER AGE GROUP
- 2.POLYPATHOLGY
- 3.POOR HOMEOSTASIS
- 4.TENDENCY TO INACTIVITY and TO BE BEDRIDDEN
- 5.PSYCHOSOCIAL PROBLEMES



TEAM-WORK

- 1.ALL MEDICAL SPECIALITIES OF THE GENERAL HOSPITAL
- 2.MULTIDISCPLINAIRY WORKING PATTERN

DIAGNOSIS

- LISTEN to the patient
- LLISTEN to the proxy-carer/family, neighbours…
- CLOSE OBSERVATION

+ Comprehensive Geriatric ASSESSMENT !!!

Comprehensive Geriatric Assessment

Systematically overview :

- ADL
- IADL
- Cognition
- Mobility (falls)
- Pain
- Depression
- Nutrition
- Social problems
- Quality of life

GERIATRIC METHODOLOGY

NON GERIATR.

DIAGNOSIS

↓

THERAPY

↓

REHABILATION(1)

successively

(1) restitutio ad integrum

(2) functional recovery ADL

GERIATR.

DIAGNOSIS

+

THERAPY

+

REHABILITATION(2)

simultaneous

RUBENSTEIN 1984– 1 – MORTALITY AFTER 1 YEAR

DISCHARGE TO	FROM GERIATRIC UNIT	FROM NON-GERIATRIC DEPARTMENTS
NURSING HOME	12%	37%
HOME	11%	41%

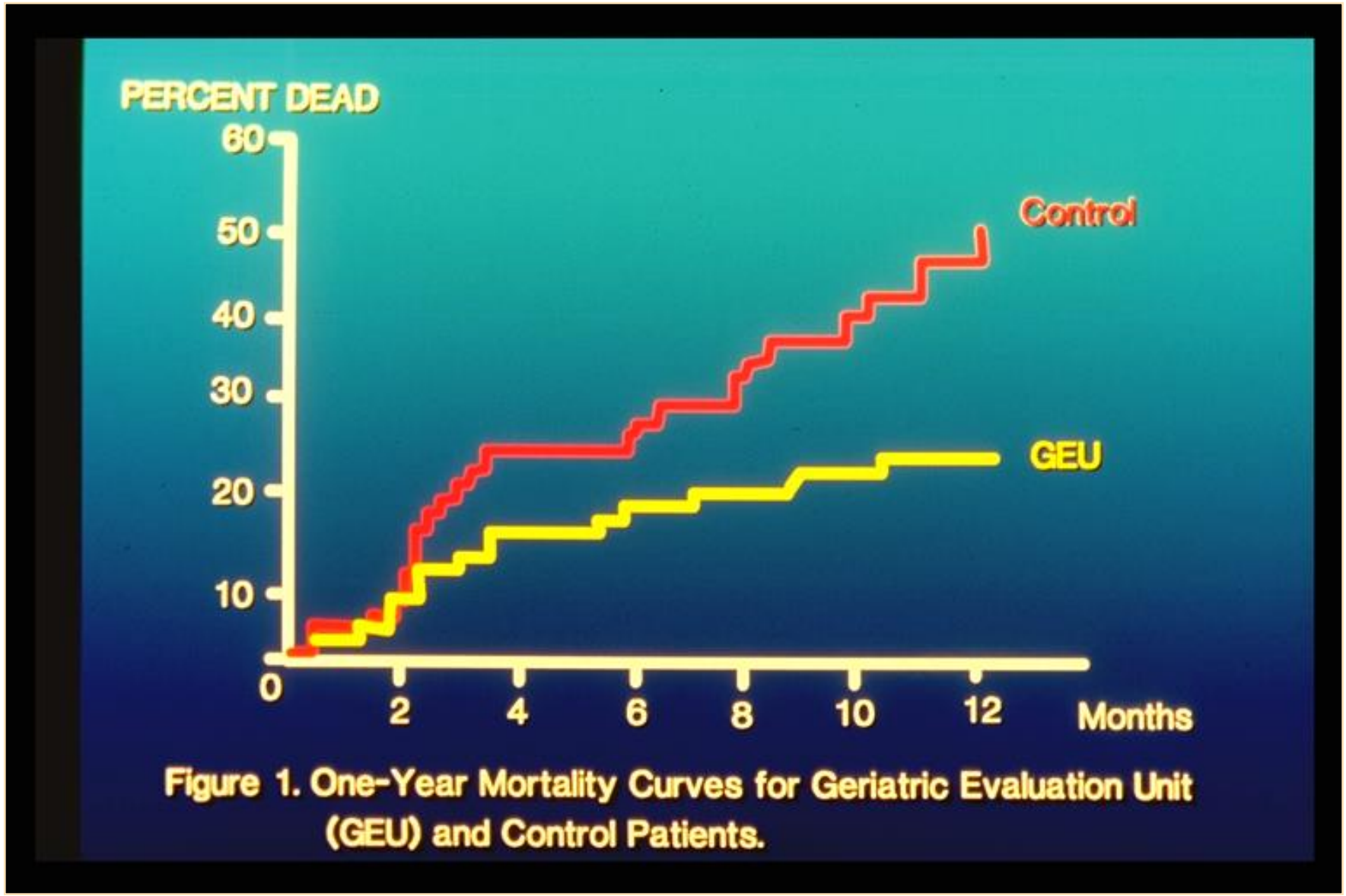


Figure 1. One-Year Mortality Curves for Geriatric Evaluation Unit (GEU) and Control Patients.

RUBENSTEIN – 2 – FUNCTIONALITY AFTER 1 YEAR

DISCHARGE TO	FROM GERIATRIC UNIT	FROM NON-GERIATRIC DEPARTMENTS
NURSING HOME	12%	30%
HOME	73%	53%

RUBENSTEIN - 3- COST AFTER 1 YEAR

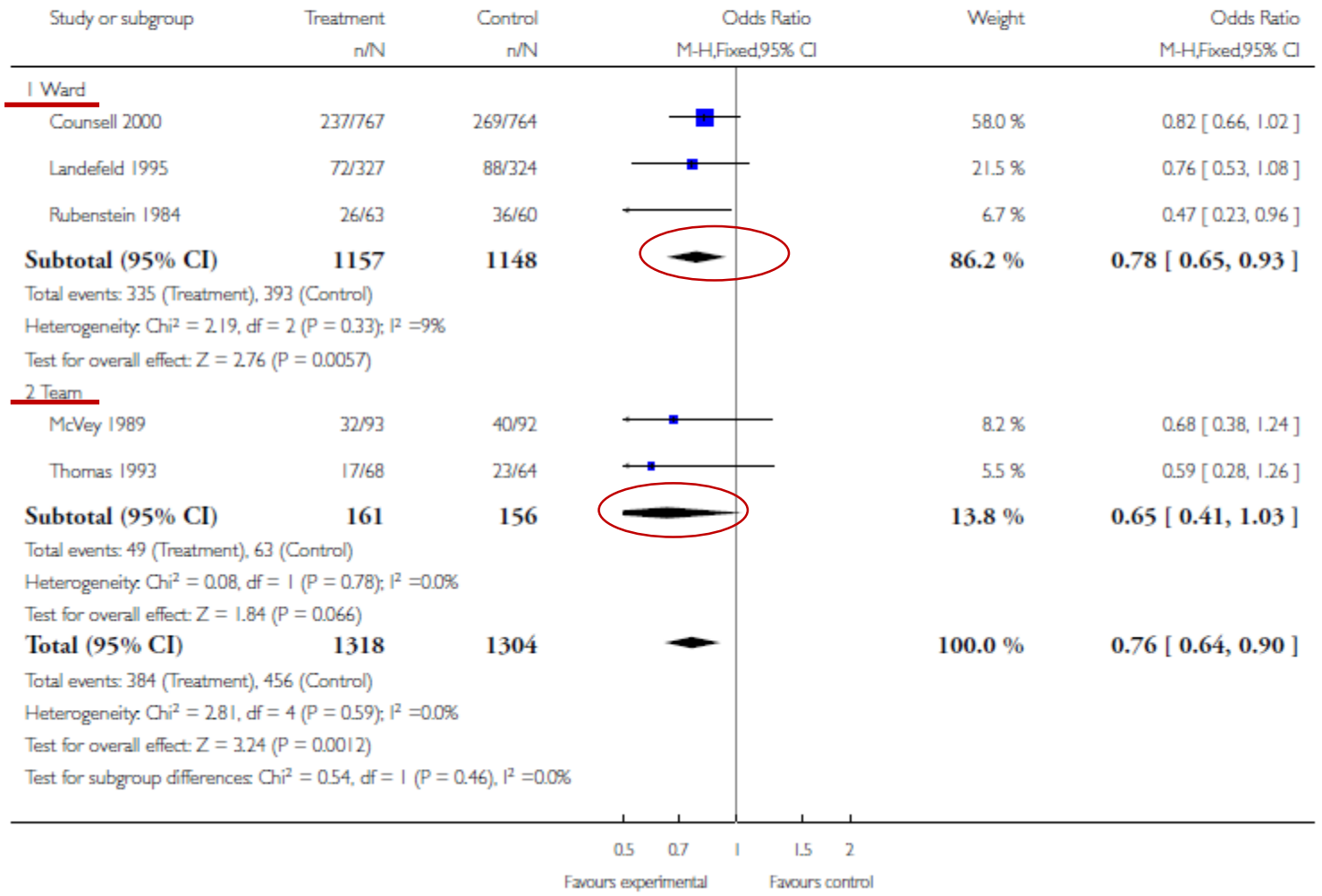
discharge	FROM GERIATRIC UNIT	FROM NON-GERIATRIC DEPARTMENTS
Length of stay hospit	117,1	88,6
Lenght of stay NH	30	76,3
Total length of stay	149,3	168,7
COST (US $)	**22.597**	27.826

Analysis 1.9. Comparison 1 CGA versus usual care, Outcome 9 Death or deterioration.

Review: Comprehensive geriatric assessment for older adults admitted to hospital

Comparison: 1 CGA versus usual care

Outcome: 9 Death or deterioration



Ellis G et al. Cochrane Review 2011

Geriatric Medicine in Belgium

1950

- International Association of Gerontology
- Prof. Brull Liège

- Société de Gérontologie - Liège
- Société de Gérontologie - Bruxelles
- 1961 Vlaamse vereniging voor Geriatrie
  - De Panne (Heymans, Verdonck, Le Compte, K.Goddeeris)

1966: Leuven Prof. J.Vandenbroucke

Belgische Vereniging Gerontologie en Geriatrie

History

- 1950-70: development of geriatric medicine in Chronic Care Institutions...in Geriatric Hospitals....NOT ATTRACTIVE….
- 1982: agreement between Minister of health (J.L.Dehaene) and Belgian Society Geront. and Geriatrics:
  - Closing 15.000 beds for chronic care outside the general hospitals
  - Opening 7.500 beds for acute geriatric wards in all general hospitals (with multidisciplinary team).
  - Opening 20.000 Nursing Homes places
- 1985: Specialist in “Internal Medicine with special competence in Geriatric Medicine”.
- 2006: Geriatric Medicine as Full speciality (3+3 years training)

Multidisciplinary Meetings BSGG/BVGG/SBGG

Each year from

- 1978: In Oostende: the WINTER MEETING, with a multidisciplinary program.
- 1988: in Liège: the JOURNEES d'AUTOMNE, with a multidisciplinary program.

WINTER-MEETING 1978

Oostende 24 en 25 februari 1978

Société Belge de Gérontologie et de Gériatrie
Belgische Vereniging voor Gerontologie en Geriatrie

SYMPOSIA

- THE ELDERLY AMPUTEE
- CARDIAC ARRHYTHMIAS IN THE ELDERLY
- PHYSIOPATHOLOGY OF CENTRAL NERVOUS SYSTEM IN THE ELDERLY

uitgegeven door
J.P. BAEYENS

WINTER - MEETING 1981
OOSTENDE 6 EN 7 MAART 1981

Société Belge de Gérontologie et de Gériatrie
Belgische Vereniging voor Gerontologie en Geriatrie
British Geriatrics Society

SYMPOSIA

- CLINICAL RESEARCH IN GERIATRICS
- GASTROENTEROLOGIC PROBLEMS IN THE ELDERLY
- NUTRITION IN THE ELDERLY

- DE MOEILIJKE MOTIVEERBARE BEJAARDE PATIENT
- KNELPUNTEN EN OPLOSSINGSMOGELIJKHEDEN IN GERIATRISCHE VERPLEGING EN VERZORGING

Edited by
J.P. BAEYENS

De Belgische Vereniging voor Gerontologie en Geriatrie
The British Geriatrics Society

organiseren, in samenwerking met het Akademisch Centrum voor Huisartsgeneeskunde te Leuven, de

WINTER-MEETING '81

te Oostende

ROYAL ASTRID - Wellingtonstraat 1

• PROGRAMMA A

VRIJDAG 06.03.1981:
14 u.-18 u.
Klinische research in de Geriatrie

- P. BRASSEUR, M. COLLARD, F. SUKKARIEH – Montignies-le-Tilleul – Etude radiologique et tomodensitométrique du poumon du vieillard
- F.I. CAIRD – Glasgow – Non-invasive investigation of cardiac function in the elderly
- Ph. JOCQUET, J. JACQUY, A. LEFEVRE, W. DEKONINCK, G. NOEL – Montignies-le-Tilleul – Effets métaboliques de la dilatation vasculaire cérébrale
- A.N. EXTON-SMITH – London – Thermoregulation, thermal perception and thermal comfort in the elderly
- M. BRUWIER – Liège – Résultats de l'exploration de la fonction thyroïdienne chez la personne âgée

ZATERDAG 07.03.81:
9 u.-12 u.
Gastroenterologische problemen bij bejaarden

- G. VANTRAPPEN – Leuven – Het evalueren van reflux
- H.M. HODKINSON – London – Gut hormones in old age
- W. PELEMANS, J. HELLEMANS, G. VANTRAPPEN – Leuven – Cricopharyngeale dysfagie
- S. WEBSTER – Cambridge – Malabsorption in the elderly
- J. HELLEMANS, Y. GHOOS, G. VANTRAPPEN – Leuven – Positieve CO_2-ademtesten bij oude personen

14 u.30-17 u.
Voeding bij bejaarden

- M.R.P. HALL – Southampton – Nutritional status of the elderly
- A. CRISTOPHE, G. VERDONK – Gent – Biochemische beïnvloeding van de bloedlipiden door klinische dieet experimenten
- D. CORLESS – London – Vitamin D status in the elderly
- G. VERDONK, M. VAN POTTELBERGE, R. MORTELMANS, D. VANDEVIVERE – Gent –Valstrikken bij de behandeling van obese oudere diabetici

* PROGRAMMA B

VRIJDAG 06.03.81:
10 u.-13 u.
De moeilijk motiveerbare bejaarde patiënt

14 u.30-16 u.55
Knelpunten en oplossingsmogelijkheden in geriatrische verpleging en verzorging

- Kredieturen werden voor het programma A bij het ministerie aangevraagd
- Programma A: SIMULTAAN VERTALING: NED - FR - ENG
- * Programma B is gericht naar PARAMEDICI met verantwoordelijke functie in een geriatrische dienst

☐ **Inlichtingen en inschrijving:**
Tel. 059/50 68 78

27-02-82: Memorandum BVGG

- Focus on patients group 80-85 ++
- With multiple pathology
- Good cost-benefit ratio of care: oriented to the real needs of the patients.
- General practitioner is the cornerstone of the care for the older persons (thus need for improvement in their training)
- Diagnostic nihilism in the older persons, result in too much care and too little diagnosis, therapy and rehabilitation results in too much wrong and useless placements

27-02-82: Memorandum BVGG (2)

- Geriatric departments: 40 à 50 % of patients go back to their own home (if admitted in the acute phase in geriatrics)
- Multidisciplinary work pattern
- **Geriatric department has to be integrated in a general hospital** with all the needed technical equipment to use *if necessary*.
- Internist-geriatrician

27-02-82: Memorandum BVGG (3)

- Internist-Geriatrician
  - 1.knowledge of illness patterns of older persons and their treatment
  - 2.knowledge of therapeutic possibilities in working with nurses and paramedicals
  - 3.knowledge of psycho-social aspects
  - 4.Management of the unit
  - 5.theoretical background of basic gerontology
- Necessity for development of Geriatrics in the universities
- Special training of the paramedicals
- Financial improvement of the medical activity in this field
- Urgent need for Nursing Homes (RVT-MRS)

1982

Prof. J.Hellemans died (43 years old)

Minister J.L.Dehaene :

1. 1982: RVT/MRS: nursing home care outside of the hospital, replacing home-care, but home-care like;

2. 1984: G-units: an acute hospital unit, with the geriatrician and his multidiscpinary team

Prof.Dr.J.Hellemans

KB. 02-12-1982: NURSING HOME (RVT/MRS)

- 2 places for each two closed hospital beds
- 2 o/oo inhabitants (20.000)

- Admission conditions:

-All needed diagnostic, therapeutic and rehabilitation has been performed, and no further improvement was possible;

-Older than 60 years

KB. 02-12-1982: Nursing Home –RVT-MRS(2)

Criteria :

- OR: belonging to two of the next situations:
  - To be bedridden
  - Need for help from another person to be fed
  - Need for help from another person for a full toilet every day
  - Suffer from chronic incontinence
- OR: to be severely disturbed in the orientation in time and place

- Later the modified Katz scale

KB. 02-12-1982: NURSING Home – RVT-MRS(3)

- **Free choice of physician**
- “Designated physician” for residents without own GP
- 1 FTE physio and/or OT per 30 residents
- “At least 3 nurses” and
- “enough qualified personnel for care”
- **Functional link with the geriatric department of the general hospital**

KB 12-04-1984: G-unit

- R-services (for “”rehabilitation and geriatrics”) are suppressed
- V-services (longstay care) are reconverted in Nursing Home, G-units in general hospitals or Sp-units (rehabilitation)
- **G – unit for “Geriatrics” is created**

2007

Het Zorgprogramma Geriatrie

Le Programme de soins Gériatrique

Care Programme for the Geriatric Patient

- Effective from 01-09-2007 (partial)
- Progressive introduction according the financial possibilities
  - Geriatric Day Hospital
  - Internal liaison
- In fact: **Unique in the world**:

Every patient with a geriatric profile coming in the General Hospital is detected and receives multidisciplinary geriatric advice

The care program for the geriatric patient

- For the patient with geriatric profile
- Elements:
  1. G-unit
  2. Geriatric out patient clinic
  3. Geriatric day hospital
  4. internal liaison
  5. external liaison

The care program for the geriatric patient

Geriatric Unit: Geriatricians and Nurses

Other manpower

- Social worker
- Physiotherapist (=Kinesist)
- Occupational therapist (=ergotherapeut)
- speech therapist (=logopedist)
- Psychologist

NEEDED:

- 5 functions - 4FTE / 24 beds

The care program for the geriatric patient

External liaison with

MACRO-LEVEL

- Integrated services for home care and local GP-groups
- NURSING HOMES and RESIDENTIAL HOUSES
- Day Care Centres

MICRO-LEVEL

The care program for the geriatric patient

Geriatric Unit:

Medical manpower

- Min. 1 FTE geriatrician
- Management by the geriatrician

Nursing manpower

- Min 16,8 FTE / 24 beds (now only 12,8!)

College Geriatric Medicine

- Appointed by the Ministry of health
- 8 geriatricians
- Promote quality in the geriatric units

Performed activities:

-BGMST (Belgian Geriatric Minimal Screening Tool)

-Undernutrition

-Delirium

-Falls

-job satisfaction

-polyfarmacy

-etc.

The care program for the geriatric patient

Quality rules

- Book with guidelines (register)
- Weekly Multidisciplinary geriatric team meeting
- Quality follow-up: College of Geriatrics

International connections of the BSGG

UEMS (Union Européenne des Médecins Spécialistes)

- **2020**
- **Training Requirements for the speciality of Geriatric Medicine.**

EuGMS

- Founded in Paris 2000
- Bylaws deposit in Belgium.
- In te beginning only EU states (EUGMS)
- With the Brexit: now EuGMS for the whole Europe
- **Free access to the journal "European Geriatric Medicine" (EGM) to the members of the BSGG**.

IAGG (International Association of Gerontology and Geriatrics)

- Founded in Liège 1950, Belgian Byllaws.
- Worldcongress every 4 years, now moved to 2022 in Buenos Aires (Covid)

- IAGG European Region
  - Clinical section (Meeting in Ostend in 2006)
  - Biological Section
  - Psycho-social section

What's the Future?

- Together with the Paediatrics we geriatrician are the only speciality not limited to an organ.

- In the sixties children where admitted in all departments of the hospitals, often in the same room as very old people…

Now all children below16 years are mandatory admitted to the paediatric department.

In the future we can develope geriatrics in two directions:

-more liaison activities

-concentrating all geriatric patients in the G-Units (cfr paediatrics now)

We will assist to an explosive development of the Geriatric day hospitals, as we have seen in surgery, internal medicine and paediatrics.

RESPECT

- “Elderly”, Vieillard”, “Bejaarden”
- 1995: a decision of the General Assembly of the United Nations to not use these words with a negative connotation in respect for the “OLDER PERSON”.. (een oudere; personne âgée..)

- We have to fight against the use of all words and expressions that are infantilizing the older persons : in Flemisch “een voetje, een handje, jeannetje; etc”. In French….


"de waardige hand"

THM

- Geriatric medicine is the speciality of the future! Belgium is one of the top countries!
- Is rewarding in many aspects:
  - Unique complexity of each patient
  - Grateful patients
  - Multidisciplinary work
  - Diversity
  - Warm human environment
  - High degree of efficacy
  - Good remuneration