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Title: Geriatric Emergency Medicine: time for a new approach on a European level

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Editorial

Throughout Europe, the older population is increasing. Of the 551 million inhabitants, 19.4% were of 65 years and over in 2017, it is expected that in 2040 that number will rise to 27%[1]. With increasing age, there is an increased risk of disease and both are associated with increasing Emergency Department attendances.

But although EDs are well organised environments in which effective and cost-effective emergency care is delivered 24/7, it is questionable whether older patients, especially those with frailty, optimally benefit from this care the way it is currently organised [2].

Older patients living with frailty may present with syndromes such as delirium and falls. Compared to younger patients, older patients are at high risk of adverse outcomes such as admission, readmission, institutionalisation and death [3]. For older patients, other outcomes such as functional decline may be even more important. But evidence on how to treat older patients is lacking, as older patients are often excluded from clinical studies and specific frailty syndromes are not reported, even in trials designed specifically for this patient group.[4, 5].

In the past years the European Society for Emergency Medicine (EUSEM) and the European Geriatric Medicine Society (EuGMS) have joined forces in the European Task Force on Geriatric Emergency Medicine.

Our mission is to develop sustainable clinically and cost-effective patient-centred health care systems that improve relevant outcomes for older patients in Emergency Medicine across Europe[6]. This mission statement has been endorsed by both EUSEM and EUGMS and will be available at <https://geriemeurope.eu/>.

To accomplish this mission, several issues have to be addressed.

First, due to complexity and multi-morbidity seen in older patients, a purely organ (or condition) specific approach might not be appropriate. The process of care of older emergency patients should be focused around the older patients' specific and multifaceted needs, their experience and relevant outcomes. Initiatives to investigate the broader or totality of older patients' needs and to assess patient experience should be supported.

Second, Geriatric Emergency Medicine should be inclusive with respect to partnerships with other stakeholders in the care continuum of older emergency patients. While the taskforce currently combines Geriatric Medicine and Emergency Medicine, other disciplines who are involved in the care for older ED patients, such as nurses, physiotherapists and primary care physicians are called to join this initiative.

Third, care and interventions in Geriatric Emergency Medicine should be guided by the principles of evidence-based medicine. Research is needed to develop or advance the available evidence, specifically in the field of Geriatric Emergency Medicine, where a knowledge gap exists. In the first instance, the taskforce is currently making an inventory of research questions in partnership with stakeholders throughout Europe. These research questions will then be categorised and prioritised, which hopefully will be the start of international, multidisciplinary collaborations.

Fourth, all professionals working in the Emergency Medicine setting need to be able to deliver appropriate care for older patients. As a first step to improve the skills of professionals working in the ED, the joint Task Force on Geriatric Emergency Medicine has published a European Curriculum on Geriatric Emergency Medicine to be embedded in the training programs of both Geriatric Medicine and Emergency Medicine. [7, 8]

Fifth, the emergency setting in which time and resources are limited, mandates that interventions should be pragmatic, feasible and proportionate to the context. Nonetheless, the principles of Comprehensive Geriatric Assessment should influence urgent care delivery. Working in a multidisciplinary team should be pursued and initiatives to establish evidence for this approach should be supported.

Sixth, emergency settings across Europe are different between care systems, therefore solutions or effective interventions may be different across systems. However, common principles do apply across Europe, such as the need for evidence-based, patient centred and pragmatic solutions, which is the common basis for the Task Force activities. These six components are the basis of an international, multidisciplinary initiative to improve outcomes for older patients in the ED. Now is the time to embark on our journey to improve outcomes for older people with urgent care needs.

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