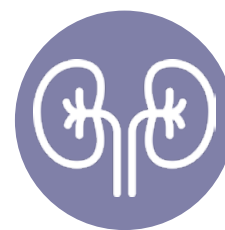


Interviews



Nicola Veronese and Tahir Masud sat down with EMJ to delve into their individual careers in geriatric medicine. The interviews focus on the nuances of the specialism and key issues to be addressed in the future. Imran Ahmad provides insight into how he developed high-intensity theatre lists to increase the efficiency of urological surgery.

Featuring: Nicola Veronese, Tahir Masud, and Imran Ahmad.



Nicola Veronese

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Q1 You are a renowned expert in many aspects of geriatric medicine, including osteoporosis, sarcopenia, and frailty. What initially led you towards this specialty?

Initially, I was student in endocrinology; however, after some years, I understood that the holistic approach to complex patients such as older individuals was more adapted to my attitude. I believe that the geriatrician has the privilege to face important non-medical aspects such as end-of-life issues or social isolation, and needs to have the competencies to face these aspects. Today, several younger colleagues feel that geriatric medicine is somewhat less important than other medical specialties, but I hope that they will change their mind, since having prepared geriatricians is of critical importance.

Q2 Can you talk about some of the unique challenges that doctors face when working in the geriatrics specialty?

Geriatricians have several unique challenges. The most important one is that medications traditionally used in adults were not experimented in older people; therefore, having the capacity to adapt medications in terms of dosages and indications is an important challenge. Another important daily clinical practice challenge is the approach to nutritional issues, in particular those related to artificial nutrition, which includes not only clinical problems, but also ethical issues. A final relevant challenge is facing the medical and non-medical problems of patients that are often unable to communicate their symptoms. Therefore, the geriatrician should be prepared as a specialist in internal medicine, while also having competencies such as comprehensive geriatric assessment.

Q3 Can you tell our readers about some of the key conclusions that you and your co-authors found in your 2022 article, 'Healthy Aging and Dietary Patterns'?

Increasing research is showing the importance of geriatric medicine not only for the treatment of the complex older patient, but also for the primary prevention of medical conditions typical of older age such as cancer and cardiovascular diseases. In this regard, our article reports that dietary factors may influence specific pathways regulating the aging process and the extension of life, which makes longevity a multidimensional process. Recently, dietary patterns have increased in importance in nutritional epidemiology, since we have observed a multifaceted, synergistic interplay among nutrients, other dietary constituents, and whole foods. In this article, we described some specific dietary patterns such as the Mediterranean diet, with evidence of associations with reduction in the incidence of chronic diseases, allowing older adults to live not only longer, but also healthier.

Q4 One of the lasting impacts of the pandemic has been the remaining effects of long-COVID in the population. Can you speak to the specific impact that long-COVID has had upon the geriatric community?

We have recently reported in a large systematic review and meta-analysis that long-COVID can affect approximately one in two people, after several months of follow-up, and that the therapeutic options are really limited. These findings, in my opinion, clearly indicate that long-COVID is a public health priority. In older people, we have observed a dramatical decrease in several domains and, in particular, in cognitive and functional aspects. Often, older people with long-COVID have important memory issues and respiratory problems that can lead to disability. Finally, another undervalued problem is the importance of mood disorders in older people after having COVID-19.

Q5 Can you tell our readers about the importance of vaccination in the elderly?

Several medical conditions typical of older people, such as dementia, are not preventable. Therefore, having weapons such as vaccinations, that can avoid the onset of infectious diseases, is of importance for geriatricians. Moreover, vaccinations may have further pleiotropic effects. For example, we have increasing evidence that vaccination against flu is able to decrease the incidence of dementia or other cognitive disorders. Most importantly, geriatricians should feel comfortable in indicating vaccinations, but some education is still needed.

Q6 You are currently a member of the Academic Board of the European Geriatric Medicine Society (EuGMS). Can you give us any insight into areas of focus for the society currently and looking forward?

I am extremely honoured and proud to be part of the Academic Board of the EuGMS, a society that faces the problems of geriatricians and older people. At the moment, among all the projects that we are leading, we are preparing some guidelines regarding the importance of physical activity and exercise in mild cognitive impairment and dementia, covering this topic from prevention to treatment. Of course, several other important projects are ongoing, including European projects in which EuGMS has the role of coordination and development.

Q7 Can you talk about any significant changes you have seen in the field of geriatric medicine in your time practicing in the specialty?

It is very hard to answer to this question. I believe that, unfortunately, very little was done for older people in terms of changes and improvements. The problems that we have today are very similar to those that were present several years ago.

"The geriatrician has the privilege to face important non-medical aspects such as end-of-life issues or social isolation."

Maybe, from a geriatric perspective, one of the most interesting changes is the safe use of some anti-diabetic medications in frailer patients. More should be done in several aspects of importance in geriatrics such as dementia, frailty, and sarcopenia, for which the current therapy is still limited to a few options.

Q8 How have you seen the advent of new technologies impact the field of geriatrics in recent years?

The COVID-19 pandemic has indicated the importance of new technologies in facing the problems of older people better. For example, the use of telemedicine is of importance, since it could permit patients to have a medical and non-medical assistance, even in case of social isolation. I hope that in the near future we will have a better integration of technologies, particularly those inherent to the communication of different systems such as administrative data, medical records, and insurance information.

"More should be done in several aspects of importance in geriatrics such as dementia, frailty, and sarcopenia."

Q9 As a researcher, educator, and physician, where can we see your focus lying in the coming years?

Actually, when we think about geriatricians, we think about a physician dedicated to disability and its consequences such as bedridden syndrome. I sincerely believe that in the coming years geriatricians will have an important role in prevention and in public health themes. Moreover, another important topic of the future is to integrate the work of geriatricians in primary care, an important setting that often requires specialist competencies. ●

