European Geriatric Medicine 5 (2014) 145–146

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Editorial

Personalized geriatric medicine

Aging is the strongest risk factor for developing chronic diseases and/or injuries and thus, elderly people often have multiple health problems (multimorbidity). This means that elderly people with multimorbidity dominate in all parts of health care; in hospitals, in primary care and in community care [1]. A recent consensus document from USA stated that the best approaches to decision-making and clinical management of multimorbid elderly patients remains unclear [2]. The health care system, in most (if not all?) countries, is focused on management of single health problems and are not suited for multimorbid, elderly people.

The large heterogeneity among elderly people pose a strong impedus to change the present focus on different *groups* of elderly people to an *individual* approach. This will have widespread important implications for many aspects of the health care system for elderly, multimorbid patients and should preferably be based on principles of geriatric medicine:

- to always focus on:
  - the individual's overall health situation and resources from a rehabilitative point of view,
  - a multi-domain, team-approach aiming to improve functions, preserve functions or at least to delay deterioration,
  - prevention and early identification of complications including improper medication;
- the health care system must be designed for such targeted, integrated, and coordinated analysis and management in various health phases, i.e. elective-, subacute- and acute-phase.
- the medical record should be developed into an integrated health analysis system with a graphic interphase focusing on overview and health course over time.
- physicians and other health care staff groups should have proper basic as well as continuous education and training in geriatric medicine;
- national guidelines and care programs for single diseases and single risk factors are dangerous if used in parallel in elderly multimorbid patients [3];
- economic incentives, such as pay-for-performance and diagnose related groups should not be used for multimorbid elderly people [4,5];
- the randomized clinical trial (RCT), assuming comparison between comparable groups, is not useful in multimorbid elderly [6]. It is necessary to consider an individual clinical trial methodology, for example the "single case experimental method" ($n = 1$) [7,8].

These and many other aspects of analysis and management of multimorbid elderly people will be discussed during an international 3-day Berzelius symposium called "Personalized Geriatric Medicine" in Stockholm/Sweden August 20–22, 2014 (http://www.sls.se/Utbildning/Berzeliussymposier/geriatricmedicine/). The symposium is organized by the Swedish Society of Medicine in collaboration with European Union Geriatric Medicine Society (EUGMS), the Swedish Society for Geriatric Medicine, Karolinska Institute and the Swedish Research Council. World leading clinicians and researchers from Japan, USA, UK, Ireland, Spain, Norway, Finland and Sweden are invited as speakers and will present overview lectures and participate in in-depth group discussions with the participants. We hope the symposium will attract scientists, clinicians from different medical specialities, health care staff groups, stakeholders, decision makers and others with interest in various aspects of improving health care for multimorbid elderly people.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

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http://dx.doi.org/10.1016/j.eurger.2014.04.002
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Received 29 March 2014
Accepted 6 April 2014
Available online 20 May 2014