

Eight Days a Week: Report from 21st IAGG World Congress of Gerontology and Geriatrics, San Francisco

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Early this year, the former teen idol of 1960s Paul McCartney turned 75 years. In 1964, at the age of 22, he wrote a song with a title *Eight Days a Week*, which became an all-time hit for The Beatles. Paul McCartney wrote it as a celebratory love song. Five decades later this song is a longevity song indicating a 15% rise in human lifespans. This eighth day of the week in human lifespan was the foundational questions of 21st IAGG World Congress of Gerontology and Geriatrics, which was held in San Francisco, USA from 23rd to 27th July 2017.

Prof. Linda Fried, of Columbia University and the proponent of frailty phenotype was the lead speaker in the Opening Ceremony. She deliberated on “Benefiting from the Third Demographic Dividend”. She identified two huge opportunities associated with long life: a new life stage for people globally, and the opportunity to design it for meaning and benefit to individuals, their families, and society. Investment in health, building new roles and responsibilities for later years, and encouraging the social institutions to enable all older adults to have options that match their needs and goals; are the ways how these opportunities can be of value to the human race. She identified population aging as the “Third Demographic Dividend” for humanity in the 21st century. The other keynote speaker at the opening ceremony was Ms Jo Ann Jenkins, CEO of American Association of Retired Persons (AARP), who exhorted in her powerful message “Disrupt Aging”. She noted that societies have not kept up with the advancements in science, technology, and innovation, which should have been utilized effectively for the cause of senior citizens, rather than keeping them bound by traditional roles. She believed it was the time to create a movement to disrupt ageing or to change the conversation that ageing can be something to look forward to and not something to fear.

The theme of the conference was “Global Aging and Health: Bridging Science, Policy, and Practice”. Six thousand delegates from seventy-five countries participated in this event. Indian presence was thin and limited mostly to members of Indian Academy of Geriatrics. One would always feel lost in World Congresses of IAGG, with several simultaneous sessions. Thus a precise planning helps to pick up themes and sessions to get the best of long travel to a distant land. The discussions and sessions of particular relevance to clinicians could be categorized as following central themes: geriatric assessments: newer approaches; geriatric syndromes: advances in our understanding; ageing and technology; and integration of gerontology in the existing socio-legal fabric of the society. Highlighted in this review are some of the salient points covered in the ambit of topics mentioned above.

This was the first time that a day was dedicated to “Ageing and Technology” in the IAGG World Congress, reflecting the global view on the application of technology in every facet of old age care. Big guns from technology corporates made presentations in the sphere of self-care and promotion of independence using technology. One common issue covered in these sessions was acceptability of technology and different ways to assess the technology needs of senior citizens. The common thread amongst the various studies on technology in ageing was the small number of participants. Impact of these interventions was assessed at an individual level rather than a population level. The different presentations also revealed that the most common way of assessing the needs and expectations of older persons from technology was through a direct interview approach of qualitative nature. Presentations included promotion of new technology by users through a “herd approach” with each person learning a new feature and sharing it with others.

Empowerment of older individuals by participation in designing the technology was more important than the technology used.

Presentations on the mode of technology ranged from wearable devices for self-care and pill reminders to more advanced ways such as motorized gadgets and robotics. End recipients of most of these interventions were older individuals having social issues of loneliness and living alone, and cognitively impaired individuals. These interventions aimed at improving the quality of life and positive changes in measures of mental health. Other novel ageing digital solutions included netnography (online ethnographic research), an experience of making a visual diary in promoting a positive narrative of technology in ageing and reviewing the role of informatics in long-term care by assessing the impact of computerized decision support system (CDSS) in drug monitoring. There were panel presentations on the effects of technology on healthcare. It also provided a platform for entrepreneurs to present their work in a novel “one-minute presentation”, “start-up corner” and an alley with a pitch competition.

Newer trends in geriatric assessment focussing on culturally acceptable, less intensive and more time appropriate methods of screening of geriatric syndromes were the other exciting theme in the scientific program. Of particular interest was the presentation on “Rapid Geriatric Assessment” to quickly screen for four geriatric syndromes namely; frailty, sarcopenia, cognitive dysfunction and anorexia of ageing; as well as inquire if the individual has advanced directives. The stress was on the importance of integrating and abbreviating existing scales rather than invest time and effort in designing newer scales having similar sensitivity.

Another interesting presentation was on the interRAI Acute care system which focusses on alternatives to the traditional “Comprehensive Geriatric assessment” (CGA) and attempts to empower the geriatrician to review patients and provide input from a distance by performing CGA online. This study is particularly relevant in settings where geriatric services are not available to the majority of the older population; as in India. The new offering from EASYCare, another online platform for CGA was launched in three newer digital versions. These are indicative of the slow but sure shift towards digitising geriatric care.

An interesting viewpoint was a presentation on the advent of the ‘third’ and ‘fourth’ age which was the distinction between the old and the oldest old in the population. An increasing lifespan meant a higher number of older persons over 85 years leading to further compartmentalising the older persons in more groups and probably promoting ageism as the individuals in the former category may refuse assistance which could be seen as a sign of them entering the fourth age group. There were also discussions on negative perceptions of caregivers.

One of the solutions to develop age-friendly societies, as proposed by the WHO, was to adapt its structures and services to be accessible to, and inclusive of older people with different needs and capacities. It was heartening to note the development of an age-friendly green business checklist developed by a small group of individuals committed to building an age-friendly society. Older adults are also a valuable financial asset and should be included in every facet and intervention made by the community at large. The most important change, as was observed in several presentations; should begin at an individual level and only then taken to multiple fronts to address ageism.

In the opening session, Vandenbroucke of Pfizer Inc made a presentation “Get Old” after remembering the “Eight days a week” song of The Beatles. Getting old need not be bleak and isolating. It can be ennobling, no matter what physical and mental limitations are; and it can be much more vital and robust. For that, there is a need to empower people to access and reap the value of biomedical science and information technologies.

To conclude, we DO have the best chance in human history to make that Eighth Day...one well worth living.