
Preface

Population ageing is now a worldwide phenomenon. In 2017, there are an estimated 962 million people aged 60 or over in the world, comprising 13% of the global population. In Europe, population ageing is particularly evident but the rest of the world is following quickly. Socioeconomic development over the past 50 years has been accompanied by large falls in fertility and equally dramatic increases in life expectancy.

These substantial improvements in life expectancy have not resulted in an equal extension of healthy active life. Years spent with long-term medical conditions and with disability are increasing. In general, women are experiencing rather less added healthy years than men, and differences within countries in wealth and opportunities are reflected in differential gain of healthy years.

Sudden death of apparently healthy people is less common. In contrast, a gradual decline of health and functional abilities before death is more common, resulting from the combined impact of multimorbidity and age-related cellular and physiological changes. As a result, the traditional model of medicine based on diagnosis and treatment of single diseases is outmoded. It is unsuitable for most older patients, who are now the majority users of acute hospitals and ambulatory care services.

Common conditions such as dementia, heart disease, stroke, chronic respiratory disorders, diabetes, and musculoskeletal conditions result in impairments across several body systems and it is this combined effect that results in reduced functional abilities. In addition, older people and often also their families bring their own priorities, wisdom, and resilience to the clinical encounter. To provide patient-centred comprehensive clinical care, we need to be aware of all these factors. Diagnosis remains important but is insufficient. Comprehensive geriatric assessment (CGA) is the technology which has developed to meet this challenge.

CGA is a multidimensional, interdisciplinary diagnostic process focused on determining the medical, psychological, and functional capabilities of older people to develop a coordinated and integrated plan for treatment and long-term follow-up.

More than three decades of clinical experience has demonstrated definitively that CGA is indeed the tool of choice to determine and describe the clinical status, biomedical risk profile, capacities, functional abilities, residual skills, psychosocial resources, and prognosis in order to drive a personalized therapeutic care plan of the

functionally compromised and frail older individual. It is the essential tool to facilitate clinical decision making.

In this sense CGA may be defined as a cornerstone of modern geriatric care.

Nonetheless, CGA is still underused in the clinical management of the older people, and generally restricted to the specialist clinical areas led by geriatricians. Thus, there is a need to put existing applied health research knowledge into practice with respect to the CGA-based healthcare process used for older people. We believe that an improved flow of knowledge may be an important contributory factor to implement evidence-based practices in CGA.

This book is an extensive and updated collection of information on the clinical and biological rationale, methods, and evidence-based results of the use of CGA both in clinical practice and in research. A large number of experts have been involved as authors of the single chapters in order to give a complete overview taking into account different points of view. Specific topics include why and how to perform CGA at home or in hospital, as well as in post-hospital discharge programmes or as outpatient consultation. Moreover, individual chapters address the clinical usefulness of CGA in specific clinical conditions, with the description of tailored CGA programmes in older patients evaluated for preoperative assessment, admitted to emergency departments and orthogeriatric units, or with organ failure, i.e. heart failure or chronic kidney disease, cancer, or cognitive impairment.

The main aim of the book is to help geriatricians, other specialists, general practitioners, and all healthcare providers who everyday are facing problems and needs of the older subjects, to better understand not only effectiveness but also the feasibility and acceptability and the organizational requirements of the CGA clinical programmes for the older people. Only by tackling clinical practice, management organization, education, and innovation in concert and appropriate proportion we will face up to the new frontiers of healthcare for an ageing population. This will include technology-assisted or self-managed CGA programmes as well as CGA-based predictive tools to improve clinical and management decisions to increase the quality of care and the quality of life of our older patients.

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