

Providing information to the older population.
-Understanding the needs of older people-

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Who is OLDER??

United Nations definition 1963

- From 60 years on.....
- Differentiation :
 - 3rd AGE: 60 → 74
 - 4th AGE: 75 →

Time is changing...

- Life expectancy is increasing every year with 3 months....
- In 40 years....it means 10 years....increase in life expectancy.

New situation in 2012

	3 rd AGE	4 th AGE
1963	60 -74	≥75
2012	70-84	≥85

Treating different patients

Younger patients

- One disease
- Treated according the guidelines
- Randomized controlled trials

Older patients

- Complex situations
- Contradictory guidelines
- No randomized trials
- No longterm follow up in trails

Different focus

PHYSICIAN

- The Disease

PATIENT

- Side effects
- Time to an effect
- Convenience
- Cost

Dilemma for the Physician

- Prescribing

- for the disease ??

- for the patient ??

The **endpoint** of the process of providing information to the patient is a **perfect adherence** to the treatment...

→ Now it is often only 50%!

Main problems to meet the need of the older patients

- 1. need for good data
- 2. choosing the good channels to provide information
- 3. other problems.

1. need for good data

We have no data!

- Older persons are excluded from clinical trials
- In the clinical trials we see no “complex patients”
- The clinical trials are limited in time: our patients are taking medicines often for many years...

Effect of a medicine review and education programme for older people in general practice.

- Compliance in the intervention group was 91,3%, in the control group 79,5% ($p < 0,0001$)
- The number of intervention group patients correctly understanding the purpose of their medicines increased from 58% to 88% on the third visit (in the control group 67 to 70%) ($p < 0,0005$)

2. choosing the good channels to provide information

- Information to the patient + family/carers
- Paper/ Website...: intelligible for the patient/carer/family
- NOT a full list of all possible adverse drug reactions (→ the result is: they STOP the medication or never start it up!), BUT focus on **most important benefits** and the ONLY the **most frequent ADR**.
- Need for better information of nurses (also directly by the pharmaceutical companies)

3. other problems

- Social background...
 - Better result in patients who are better empowered and included in the decisions and negotiations of the treatment
- Ethnicity
- Vision problems
- Hearing problems

THM

- The patient and the carer have to be taken seriously, and need a full explanation about the benefits and the most important ADR's.
- There is an urgent need for serious data on medicines in older age.
- All information channels available have to be used to improve the information of the patient: it looks effective.
- The physicians, when prescribing medicines for the oldest old people, have to stop to prescribe for the "disease", but have to prescribe for the "patient".