EDITORIAL

The European Curriculum of Geriatric Emergency Medicine: A collaboration between the European Society for Emergency Medicine (EuSEM) and the European Union of Geriatric Medicine Society (EUGMS)

Creación del Currículum Europeo de Medicina de Urgencias y Emergencias Geriátrica: Una colaboración entre la European Society for Emergency Medicine (EuSEM) y la European Union of Geriatric Medicine Society (EUGMS)

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por la European Geriatric Emergency Medicine Task Force (EGTF)

The United Nations has agreed that 60+ years may define the old age (1). At the same time, the WHO recognized that the developing world often defines old age, not by years, but by new roles, loss of previous roles, or inability to make active contribution to society. In the last few years, it has been observed a significant increase of the number of older people all over the world. Nowadays, older people are alive than at any time in history (2). By the year 2025, the world will count 1.2 billion people aged 60 and over and increasing to 1.9 billion in 2050 (3). Europe has 23 of the world's 25 "oldest" countries. From 2014 to 2080 older people will represent an important part of the total population: those aged 65 years or over will represent 28.7 % of the European Union (EU)-28's population by 2080, compared with 18.5 % in 2014 (4). As a consequence of this evolution, the EU-28's old-age dependency ratio is projected to almost double from 28.1 % in 2014 to 51 % by 2080 (4). It is projected an increase of the total age dependency ratio from 51.8 % in 2014 to 77.9 % by 2080 (4). The demographic transition with ageing of the population is a global phenomenon, which demands international, national, regional and local action. Older people must not be taken as a burden on society, but as an asset.

Through the leadership of the European Society for Emergency Medicine (EuSEM), Emergency Medicine (EM) is now recognised as a primary and basic specialty in almost 20 countries in EU-28. Respect to Spain, the specialty has been only recognized in military health system (6-8). During the last three decades, efforts have been principally focused on designing, organizing the pre-hospital system and emergency departments (ED), and improve outcomes of life-threatening conditions like myocardial infarction or trauma. Since1994, EuSEM spent a lot of energy and lobbying to convince that EM should become a primary specialty in all European Union (EU)-28 and should be recognized by the Union of European Medical Specialists (UEMS). This objective was reached in 2011. Two years before this great achievement, the Council of UEMS approved the European Curriculum of EM (ECEM) (9). The ECEM defines EM as follow: "Emergency Medicine is a medical specialty based on the knowledge and skills required for the prevention, diagnosis and management of the acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. It is a specialty in which time is critical including Pre Hospital and In Hospital Emergency Medicine Care." (9). EM specialty is a symptom-oriented specialty where a global clinical approach of the patient is essential for generating diagnosis hypothesis, starting the best treatment, and decide the appropriate orientation after the ED care.

Geriatric Medicine (GM) is also a symptom-based specialty of medicine where somatic, psychological and social dimensions are simultaneously involved in older patients who required a holistic approach. Within these dimensions multiple organs and systems can be damaged at the same time increasing the complexicity of older patients' care in the ED or in the pre-hospital setting. WHO defined older people when they are over 60 years of age but the health challenges faced by GM and EM are usually observed in older patients over 75-80 years age who have a high degre of frailty and loss of autonomy. ED visit of older patients is always considered as a crisis because of the three interacting di-

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mensions and frailty is becoming one of the most important risk factors of negative outcomes. The early detection of frailty in older patients in the ED or pre-hospital setting could improve outcomes. Because the acute clinical presentation of the diseases are atypical, the diagnosis and the treatment are often delayed. This complexicity of ED older patient care is one of the factors involved in the occurrence of the boarding in the ED (10-12).

Despite all international studies including all ages of patients, there is low attention towards older patients although their number is increasing. Most people over the age of 85 are excluded from clinical trials despite they are representing one of the largest users of EDs. Relevant older patients data and registries are still missing in the context of pre hospital and ED care management. The complexity of acute care of older patients in the ED or in the pre hospital setting needs a multidisciplinary clinical approach involving geriatricians and emergency physicians working as a team. Previous recently studies published in Emergencias, have taken the first steps and have emphasized the need to delve into the particularity of the conditions in this age group (13-16). Beside specific studies done by geriatricians little is known on geriatric emergency medicine (GEM) in Europe. The concept of GEM care model was first described in the 1990s by the Society of Academic Emergency Medicine's Geriatric Emergency Medicine Task Force (17).

To address the weak development of GEM in Europe, the EuSEM Section of GEM and the GEM Special Interest Group (GEMSI) of the EUGMS decided to merge their efforts with the objective to create the European Curriculum on GEM in order to improve quality of care of older patients in emergency medicine settings (pre-hospital and EDs) in Europe. The EuSEM GEM section and the GEMSI created a European GEM Task Force (EGTF) to achieve these goals. The EGTF lunched its first meeting in the office of EuSEM in London on December 13-14-2014 and organised a workshop of experts with the aim to identify high-priority areas of knowledge and skills that an emergency physician and a geriatrician should cover for improving quality of care of older patients in the ED and the pre- hospital setting. The GEM curriculum is intended to outline competencies that will be relevant to the care of older people (>65 years of age) especially those with frailty, in emergency care including pre-hospital care and in emergency departments. The Curriculum was built in a way that it is system-oriented and will follow the process of care of older patients in the ED or in the pre hospital settings. After a modified Delphi process, fifteen areas of knowledge were identified and recommended for the training of geriatricians and emergency physicians. The detailed Curriculum is available in the website of EuSEM and EUGMS http://www.eusem.org/cms/assets/1/european%20curriculum%20of%20geriatric%20emergency%20medicine%20(apr16).pdf (18, 19). After the modified Delphi process, the GEM Curriculum went through the official process of approval: Executive Committee and Council of EuSEM, Board and Council of EUGEMS, UEMS Section of Emergency Medicine, and Geriatric Medicine. The next step is to include the European GEM Curriculum in the European Curriculum of Emergency Medicine and Geriatric Medicine.

The production of the European GEM Curriculum is the result of a unique and active collaboration between two European scientific societies, EuSEM and EUGMS. They will intensify and strengthen this collaboration for improving significantly the quality of care of older patients in the ED and the pre-hospital setting in Europe. A European Course on GEM will be implemented with the objective to spread the GEM curriculum in Europe

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