Newsletter 6
Oct 2019

Netzwerk junge Geriater Schweiz
Réseau des jeunes gériatres suisses
Rete dei giovani geriatri svizzeri

Aiming to connect and inspire young and future geriatricians and shape geriatric medicine in Switzerland.

From us:

Interview with Aline Mendes, Hôpital universitaire de Genève

Aline, what motivated you to become a geriatrician?
I decided to follow a training in geriatrics after 2 years of training in internal medicine. The fact that the evolution of the same acute pathology could be so different between an older person and a younger person, led me to understand what were the explanatory mechanisms and how we should adapt the classical disease-based model of care.

Tell me about the geriatric departement in Geneva? What are you proud of? What would you change if you could?
The geriatric service in Geneva is composed of an interdisciplinary team dedicated to the specific problems of the older persons and geriatric syndromes. We have about 150 beds in the hospital, 38 of them for acute geriatric care, with specialized programs for patients with cognitive impairment, psychiatric co-morbidities and falls. In rehabilitation, the effort is put into the recovery of a functional state, often following an acute problem. We also have a memory center, dedicated to the outpatient care, early diagnosis and follow-up. I am very proud to work in an environment of professionalism, interdisciplinarity with several experts in aging and geriatric syndromes. The challenge for the future is to be able to always adapt to the needs of society in Geneva with appropriate care and have the resources to do it.

What are your hopes for the Young Swiss Geriatricians?
It is important to build a new generation and show young doctors that geriatrics is a very stimulating and varied specialty of medicine with the possibility of working in very different fields - emergencies, acute care, rehabilitation, teamwork with other medical and surgical specialties, in the management of nursing homes, or as family doctors... Not to mention teaching, training interdisciplinary teams and doing research in the field!

Where do you see yourself in 10 years?
Professionally I see myself as a geriatrician specifically dedicated to the issue of cognitive disorders in the process of developing even more my experience in this field.

News from

DGG- Kongress

Frankfurt, 5th – 7th September 2019

This year the subject was "Geriatric medicine: young and boundless. On invitation from the German Congress President, Prof. Heppner, and PD Dr. Thomas Münzer from St. Gallen the Swiss young geriatricians were present at the first Keynote lecture. Annette Ciurea, Zurich, and Sylvain Nguyen, Lausanne, took the challenge and participated.

Sylvain did a presentation of our network, showing how to become a Geriatrician in Switzerland, and what our challenges are. In a lively discussion with the audience (where 20-30 Swiss congress participants were present) we debated about motivations to become a Geriatrician and how more young doctors can get in touch with this interesting and growing medical field. So far, there is no network for younger Geriatricians in Germany, but the DGG has acknowledged the need for recruiting and will form a working group on that. The Congress President stated in an interview after the congress: "My personal highlight was the participation of our Swiss guests.The Swiss delegation with many young collegues filled nearly 3 rows in our big auditorium. The enthusiasm the Swiss geriatricians have for geriatric medicine was very contagious."

The second keynote lecture was by Annette Ciurea about "sexuality in old age: nothing doing!?" Several studies in older age in the last years have shown, that there are several impediments curtailing sexual activities and fantasies in older age (such as erectile dysfunction, oestrogen deficiency or loss of partner). Nonetheless physical intimacy has high importance for many couples. Moving into a care home or dementia bring drastic changes not only for the directly affected but also for the partner. A further underestimated difficulty is the fact that many doctors don't talk about sexuality with their patients. Here we can all be more open to discern our patient's needs and worries. An active and satisfying sexual life is proven to be associated with better physical and mental health and a higher quality of life.


Annette Ciurea

Journal Club

Abstracts from currents geriatric and general medicine journals

Antipsychotics for Treating Delirium in Hospitalized Adults: A Systematic Review

Ann Intern Med. 2019, Roozbeh Nikooie, MD et al

https://annals.org/aim/fullarticle/2749495/antipsychotics-treating-delirium-hospitalized-adults-systematic-review

Delirium is common in hospitalized patients and is associated with worse outcomes. Antipsychotics are commonly used; however, the associated benefits and harms are unclear. This systematic review of 16 randomized controlled trials (RCTs) and 10 observational studies was aimed at evaluating the benefits and harms of antipsychotics to treat delirium in adults. There was no difference in sedation status (low and moderate strength of evidence (SOE)), delirium duration, hospital length of stay (moderate SOE), or mortality between haloperidol and second-generation antipsychotics versus placebo. There was no difference in delirium severity (moderate SOE) and cognitive functioning (low SOE) for haloperidol versus second-generation antipsychotics, with insufficient or no evidence for antipsychotics versus placebo. For direct comparisons of different second-generation antipsychotics, there was no difference in mortality and insufficient or no evidence for multiple other outcomes. There was little evidence demonstrating neurologic harms associated with short-term use of antipsychotics for treating delirium in adult inpatients, but potentially harmful cardiac effects tended to occur more frequently. However, heterogeneity was present in terms of dose and administration route of antipsychotics, outcomes, and measurement instruments.

Conclusion: Current evidence does not support routine use of haloperidol or second-generation antipsychotics to treat delirium in adult inpatients.

Jane Morgillo

Hot topic

Dying with dementia

https://whichmeamitoday.wordpress.com/2019/09/09/a-contentious-blog-on-my-end-stage-dementia-revisited/

I follow the blog of Wendy Mitchell, who is living with dementia after being diagnosed five years ago at the age of 58. Recently she posted a blog that really made me think. Assisted dying for people living with dementia is a very difficult subject: in the early stages when someone is maybe still legally able to make that decision and follow it through, many people still have enough quality of life to not want to die right away. And then, as shown very well in the fictitious story "Still Alice", when dementia progresses to a stage many healthy people agree they don't want to reach, then it's too late to understand the consequences and so assisted dying is legally not possible. I've always found it ethically difficult too. I vehemently oppose a scenario where people with dementia are encouraged or coerced into a premature death.

Wendy Mitchell is a passionate advocate of living well with dementia and an inspirational person. I have already learnt a lot that helps me understand people living with dementia from reading her blog and book. I greatly respect her opinion.

I am passionate too about palliative medicine, it needs to take up more space in medical education, discusion and health care budget. But it doesn't solve everything. Wendy's words made me own up to the truth of what I already experience in my every day work on the dementia ward of a care home: end-stage dementia can be a very drawn- out process. My attitude as the attending physician is that I neither shorten nor lenthen the process. I consider myself couragous about deprescribing medication such as aspirin (it's strictly speaking a life-lengthening medication) after discusion and if according to the wishes of the patient. And advise against antibiotics for pneumonia in endstage dementia. But as Wendy says, those with a strong heart linger long. My palliative care of patients with dementia still permits those states, that Wendy vehemently rejects for herself. This dilemma needs more debate.

I don't have a solution but will continue to consider this subject carefully and seek meaningful conversations, with the aim to provide a person-centered medical care.

Jane Morgillo

Thoughts

Insidiously
Stealing
A loved one
Gradually disolving
Memories
That we shared
Words lose their meaning
Incomprehension
Where is the person I once knew?
The pain of the long goodbye

Softly, slowly
The mist gathers around me
Familiar landmarks grow few
Words slip out of reach
Memories disolve
Dependant and helpless
Incomprehension
What is happening to me?
Who are all these people I used to know?
Softly, slowly oblivion steals my pain

Symposiums, congresses and other

Coming up

Switzerland 2020

SGAIM congress 27-29th May 2020
In Basel
Participation of the Network of young Geriatricians Switzerland!! Do meet up with us ☺

10th JHAS congress 4th April 2020: "Now more than ever"
In Fribourg
Participation of the Network of young Geriatricians Switzerland!! Do meet up with us ☺

International Congresses 2019/ 2020

BSG Autumn Meeting 6th-8th Nov 2019
Leicester, UK

Geriatrics for Juniors (BSG) 23rd Nov 2019, Manchester UK
A day of practical tips and career advice for junior docs, specialist nurses and AHP around the care of older people

Paris, 25th November 2019
JASFGG (Journée annuelle Société Française de Gériatrie et Gérontologie)

DGG congress 2nd- 5th September 2020
In Halle, DE

EuGMS congress 7th- 9th October 2020
In Athens

European Geriatric Medicine Society

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