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Editorial

European Interdisciplinary Council on Ageing (EICA): Coping better with ageing challenges in Europe



EICA is the acronym for the “European Interdisciplinary Council on Ageing” whose ambition is to be the start-up of a “European Institute on Ageing”. The EICA was founded at the Venice International University (VIU) based in San Servolo Island (Italy) by an active group of geriatricians and gerontologists from the European Union Geriatric Medicine Society (EUGMS) and social scientists deeply involved in the Survey of Health, Ageing and Retirement in Europe (SHARE), with the informal support of the European Union responsible of the European Partnership of Active Healthy Ageing. Founders of EICA intend to create an open platform to bring together a maximum of stakeholders, from professional societies in healthcare as well as patients associations (Fig. 1). Being linked to the European Innovation Partnership on Active and Healthy Aging (EIP/AHA), EICA will also involve decision-makers, public health specialists, economists, ethicists, lawyers, sociologists amongst others, but also representatives for nutrition, vaccination, insurance companies and high technology industry in a bilateral bottom-up and top-down approach.

The three main goals of the EICA are as follows.

Firstly, to foster the analysis of the numerous high quality results from the ever increasing body of research performed in Europe investigating the multiple facets of ageing, from basic research [1]; health promotion and targeted prevention [2,3], and health care delivery from in-home ageing to long-term care [4–8]. EICA would like also to facilitate translational research [9], by building an open platform and forum, increasing intense and fruitful discussions and exchanges between scientists [10,11]. The main goal is in fact to find the best way of coping with the main challenges that the ageing in Europe will have to face in the near future, from family support [12,13] to policy makers or vice versa [14,15].

Second, we aim to translate evidence in research to evidence in practice. For succeeding the research, results have to be expressed into understandable and practical language for non-specialists, and disseminate the updated analyses to all interested groups using the bilateral approach. The continual advancement and promising progress provided by new scientific knowledge, the use of high technology [16–18], and innovative health care delivery solutions [19–21] will help to cope better within the financial constraints that constantly bear upon us [22]. Wider sharing of knowledge will help to avoid repetition of research on topics that are already well explored, and should also contribute to avoiding methodological errors and favouring networking. The final goal of these two complementary activities is to promote effective and efficient consensus on major ageing problems.

Lastly, we aim to develop interdisciplinary, accredited advanced education programs to guarantee team performance h care professionals.

Postgraduate education and lifelong learning of all the categories of health care professionals in gerontology and geriatrics will better cope with the accessibility and coordination of integrated care pathways, which are essential to all the governmental and non-governmental agencies [23–25]. General teaching activities represent the primary task of the Venice International University (VIU). In the near future, the focus will be more targeted on ageing. The “Train the Trainers” courses [26] that have been organized since the EICA was set up, met the desires of different European medical societies coping with complementary issues in the field of ageing to work together on this topical questions. This collaboration was borne of a compelling need to exchange knowledge between medical specialists who are increasingly involved in the care of older patients.

The first EICA course was organized between the European Society of Physical and Rehabilitation Medicine (ESPRM) and the EUGMS. This initiative was in response to a specific request from rehabilitation specialists who care for older patients. Undernutrition, sarcopenia and frailty combined with depression and/or cognitive decline underpin the complexity of rehabilitation in old patients. The ESPRM President, Professor Michail Xanthi, thought that exchanging knowledge with geriatricians would help physical medicine specialists to better care for patients with multimorbidity and poly-medication. On the other hand, geriatricians need to better evaluate patients who could benefit from rehabilitation, prescribe targeted sessions and orient the efforts of physiotherapists working under their responsibility. In this issue



Fig. 1. Venice International University, San Servolo Island: headquarter of the European Interdisciplinary Council on Ageing (EICA).



Fig. 2. Participants and teachers of the first EICA “Train the Trainers” course co-organized by the European Society of Physical and Rehabilitation Medicine (ESPRM) and the European Union Geriatric Medicine Society (EUGMS).



Fig. 3. Participants and teachers of the second EICA “Train the Trainers” course co-organized by the European Society of Swallowing Disorders (ESSD) and the European Union Geriatric Medicine Society (EUGMS).

Changing the vaccine paradigm: Stressing the importance of adult immunization

PRELIMINARY PROGRAM

EUGMS
European Union Geriatric Medicine Society
Promoting geriatric medicine across Europe

EICA

VENICE ITALY

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Fig. 4. Advertisement of the EICA Stakeholders meeting on Adult vaccinations scheduled in San Servolo in May 2017.

of *European Geriatric Medicine*, readers will discover the “win-win” report written by awardee participants, and will better understand just how beneficial the teaching collaboration between the ESPRM and the EUGMS was (Fig.2).

The second course, whose report is also published in this issue of *European Geriatric Medicine*, was organized by the European Society of Swallowing Disorders (ESSD) and the EUGMS. In this course, it was the geriatricians who expressed a desire for specialists of swallowing disorders to teach them how to screen for patients at risk of swallowing abnormalities, how to better assess positively screened patients, and the optimal rehabilitation opportunities for these patients with the help of speech therapists and deglutition specialists. The multidisciplinary participants (from ear, nose and throat surgeons, to geriatricians, neurologists, physical medicine specialists, GPs, dieticians and nurses) learned a great deal from the swallowing experts. Outstanding exchanges on swallowing disorders increased the knowledge of all participants, who now consider “swallowing disorders” as a true geriatric syndrome, and accord much greater importance on oral hygiene and mouth care in daily clinical practice. Undoubtedly, this coordinated “Train the Trainers” course will allow clinicians to better recognize patients at risk or with mild swallowing disturbances, and timely diagnosis will make it possible to reduce the potentially numerous complications such as undernutrition and community-acquired pneumonia (Fig. 3).

These first two “Train the Trainers” experiences and the outstanding quality of the experts were extremely well appreciated by all the participants, who judged that they gained considerable additional knowledge from their participation.

The activities of the EICA for 2017 include several projects.

A stakeholders meeting focusing on “adult vaccination”, scheduled for May 24–26, 2017 in San Servolo, with the contribution of non-governmental organizations and patient associations, not to mention specialized medical societies, professional healthcare organizations, and the media. The aim of this encounter will be to update our knowledge on immunosenescence, newly developed vaccines, better scheduling of vaccinations and perhaps even obtain a consensus on how to promote life-course vaccination programs (see the enclosed advertisement) (Fig. 4).

Another course initiated by the International Osteoporosis Foundation and the European Fragility Fracture Society will be focused on nurses. Nurses are increasingly involved in caring for old patients with musculo-skeletal disorders (e.g. sarcopenia, osteoporosis, osteoarthritis and low-density fractures). All nurses, whether working in the community or those working in long-term care facilities, have a major role to play in identifying pre-frail and frail patients, and providing them with the best advice and appropriate care.

These examples of the EICA’s nascent activities at the Venice International University, in San Servolo Island, testify to the strong desire of the founder members to integrate and stimulate all the members of non-governmental organizations, multiple professional societies and public associations to ally their powers and overcome the challenges of a rapidly ageing Europe.

We welcome all suggestions, collaborations and initiatives that might be of help to us in facing this enormous challenge.

Disclosure of interest

The authors declare that they have no competing interest.

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