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INSIDE

New AAEM Interest Group: Geriatric Emergency Medicine

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Why, you may ask, do we need an interest group in Geriatric Emergency Medicine? The population is aging rapidly, as baby boomers are now reaching retirement age. Heck, some of us are already at or at least getting close to the age at which the CDC labels us "older Americans," and you know what they say: life is like a roll of toilet paper — the closer you get to the end, the faster it goes. I would like us to brainstorm and share ideas about how to be better emergency physicians when it comes to treating this population of patients.

According to the CDC, in 2012 (the last year for which we have complete data) the number of adults over age 65 in the U.S. was 43.1 million, with 22 % of those thought to be in poor health. From 2010 to 2012, a total of 19.6 million emergency department (ED) visits were made by person's aged 65 and over in the United States. In the five years since those data were collected the numbers have increased, and will continue to increase for years to come. Here are some factoids you might not know:

- 35% of community-dwelling older adults over age 65 demonstrate evidence of dementia when formally tested, but ED providers identify only 6%.
- Geriatric core competencies for EM residency graduates were developed in 2010. Can you name any of the 26 competencies?
- As of mid-2013 there were 36 U.S. hospitals with self-identified "geriatric EDs," but the attributes of these older adult emergency care centers remain diverse and ill-defined.
- Geriatric ED guidelines were approved by ACEP, AGS, ENA, and SAEM in 2014, to provide actionable recommendations in regard to staff education, protocols, quality indicators, and infrastructure adaptations for frail, aging patients.
- International emergency medicine collaborations exist to address geriatric care issues, share resources, and develop high-yield curricula (http://iceg.info/).

The aging population has unique and distinct health problems, and the physicians treating them should be aware of the limitations and differences of this growing demographic. It is true that a lot of us see and treat these patients every day, and yes, we do it well — but we can be better, and I think sharing ideas through this interest group will be quite useful. What better way to improve than organizing a group of like-minded emergency physicians who are interested in learning more about these patients, sharing ideas, learning from each other, and then making their knowledge available to the entire community of physicians through publishing best practices, giving lectures, and sponsoring informative speakers at the AAEM Scientific Assembly?

Our colleagues are doing this at ACEP, SAEM, and the American Geriatrics Society and I suspect some of our members will also be members of ACEP's Geriatrics Section or SAEM's Academy of Geriatric Emergency Medicine, which can only add to collaboration in our specialty. We in AAEM can and should get involved in this process.

I ask that you send us an email if you are interested in being a member of this interest group. We need at least ten AAEM members to create an interest group, and once we have a critical mass of members we will meet, tele-conference, and exchange ideas on how to advance.

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