



# Brief Note on Geriatric Emergency Medicine

David Hung-Tsang Yen\*

Department of Nursing, Yuanpei University of Medical Technology, Hsinchu 300, Taiwan Province of China

## INTRODUCTION

Many nations in Europe and around the world have made emergency medicine a primary speciality. The goal has been to enhance the outcomes of life-threatening illnesses like myocardial infarction and trauma by improving setting design, pre-hospital system organisation, and Emergency Department (ED) organisation. Despite all international multicentre research involving patients of various ages, older patients continue to receive less attention, despite the fact that they are one of the most important groups due to changing population demographics. Older patients' visits to the emergency room are always a crisis because three elements are involved: social, physical, and psychological. The WHO defines older adults as those who are 60 years or older, although concerns arise for those who are 75 years or older and are experiencing loss of autonomy and challenges. Because the number of elderly individuals is expected to rise exponentially over the next 50 years, emergency treatment for them will grow at an exponential rate. This evolution will result in an increase in health demand in emergency medicine settings as well as a large increase in health costs on a national and worldwide scale. People over the age of 85 will outnumber those under the age of 16 in 2050. Europe is home to 23 of the world's 25 "oldest" nations [1].

### The specialty's description

A rise in the number of older patients (65 and older) presenting for emergency care is reflected in an overall increase in life expectancy and the demographic bubble of the baby boomers. Geriatric emergency medicine arose to meet the needs of this age group in the event of acute disease or injury. Older patients are more complicated than younger patients, with physiologic, pharmacologic, and pathologic variations, as well as social demands that may differ. In addition, there are a number of geriatric disorders that go unnoticed in emergency rooms. Fellowship training is an important component of the burgeoning specialisation of geriatric emergency medicine as a result of the growing patient population. ACGME-accredited fellowships with a match process and board exam are offered by the American Board of Internal Medicine and the American Board of Family Medicine. Emergency medicine applicants are typically not trained in these programmes [2].

## DESCRIPTION

As a result, geriatric emergency medicine fellowships were established to equip EM residency-trained physicians with fellowship-level geriatric understanding and training. Geriatric emergency medicine fellowships are a relatively recent fellowship pathway within emergency medicine; the first was established at Beaumont in Michigan, and the second at New York Presbyterian in 2005. The majority of GEM fellowships integrate attending-level EM clinical care with current geriatric medicine fellowship patient care and training. In April 2017, the American College of Emergency Physicians established the Geriatric Emergency Department Accreditation (GEDA) programme (ACEP) [3].

This is a national accreditation programme overseen by the American College of Emergency Physicians (ACEP) that aims to enhance the care of geriatric patients who present to the emergency department. This programme awards three levels of accreditation to emergency departments based on their dedication to senior-specific care. An rise in the number of older patients (65 and older) presenting for emergency care is reflected in an overall increase in life expectancy and the demographic bubble of the baby boomers. Geriatric emergency medicine arose to meet the needs of this age group in the event of acute disease or injury. Older patients are more complicated than younger patients, with physiologic, pharmacologic, and pathologic variations, as well as social demands that may differ. There are other geriatric-related issues to consider. In addition, there are a number of geriatric disorders that go unnoticed in emergency rooms.

Fellowship training is an important component of the burgeoning specialisation of geriatric emergency medicine as a result of the growing patient population. Do you want to help the elderly who go to the emergency room get better care? Are you interested in engaging in geriatric emergency medicine research or managing hospital committees that deal with aged issues? Do you want to start a geriatric emergency department service? Consider joining and leading hospital committees that deal with geriatric issues. Do you enjoy working as part of a multidisciplinary team? If that's the case, this fellowship might be right for you. Geriatric emergency medicine programme director/assistant programme director, GEM medical director, involvement in multidisciplinary geriatric initiatives, GEM research, and GEM education for emergency

**Correspondence to:** David Hung-Tsang Yen, Department of Nursing, Yuanpei University of Medical Technology, Hsinchu 300, Taiwan Province of China, E-mail: Hjyen85@vghtpe.gov.tw

**Received:** 02-April-2022, Manuscript No. jggr-22-16859; **Editor assigned:** 04-April-2022, Pre QC No. P-16859; **Reviewed:** 15-April-2022, QC No. Q-16859; **Revised:** 20-April-2022, Manuscript No. R-16859; **Published:** 25-April-2022, DOI: 10.35248/2167-7182.22.11.608

**Citation:** Yen DHT (2022) Brief Note on Geriatric Emergency Medicine. J Gerontol Geriatr Res. 11: 608.

**Copyright:** © 2022 Yen DHT. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

medicine residents and faculty, as well as medical students, are just a few of the career options available [4,5].

## CONCLUSION

Across the country, geriatric emergency departments have sprouted up in community-based EDs. Many community health organisations with geriatric emergency departments are aggressively pursuing GEM expertise, allowing GEM-trained physicians to practise leadership after graduation. Geriatric emergency medicine is a specialty that can be found in both community and academic settings. The decision between academic and community colleges is mainly based on the applicant's desire for education or research opportunities, as larger academic schools have more funding, research personnel, research facilities, and students, residents, and fellows. Many community geriatric emergency departments can be found across North America, and community geriatric emergency medicine can have a significant impact on the lives of thousands of patients.

## REFERENCES

1. Fox MT. Acute care for elder's components of acute geriatric unit care: Systematic descriptive review. *J Amer Geriat Soci.* 2013;61:939-946.
2. Fox MT, Persaud M. Effectiveness of acute geriatric unit care using acute care for elders components: A systematic review and meta-analysis. *J Amer Geriat Soci.* 2012;60:2237-2245.
3. Singler K, Holm EA. European postgraduate training in geriatric medicine: data of a systematic international survey. *Aging Clin Exper Res.* 2015;27:741-750.
4. Samaras N, Chevalley T. Older patients in the emergency department: A review. *Ann Emerg Med.* 2010;56:261-269.
5. McCusker J. The elder-friendly emergency department assessment tool: development of a quality assessment tool for emergency department-based geriatric care. *J Amer Geriat Soci.* 2012;60:1534-1539.