

Geriatrics and gerontology in Malta

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ABSTRACT

Background

Malta has been in the forefront of both Geriatrics and Gerontology since 1988 with the establishment of the International Institute on Ageing.

Objectives and methods

Definitions of Geriatric medicine and gerontology are described, as well as under/postgraduate training opportunities in geriatrics and gerontology in Malta. Description of the two main associations of Geriatrics and Gerontology and the various geriatric services available in Malta are given, both in the public and private sector.

Conclusion

The way forward is proposed for both geriatric medicine and gerontology.

Key Words

Geriatrics, Malta, ageing

INTRODUCTION

Malta has been in the forefront of Geriatric Medicine and Gerontology, both in the creation of the definition of Geriatric Medicine and the establishment of the International Institute of Ageing of the United Nations (INIA).

Definition of Geriatric Medicine: Geriatric Medicine is a specialty of medicine concerned with physical, mental, functional and social conditions in acute, chronic, rehabilitative, preventive, and end of life care in older patients. This group of patients is considered to have a high degree of frailty and active multiple pathologies, requiring a holistic approach. Diseases may present differently in old age, are often very difficult to diagnose, the response to treatment is often delayed and there is frequently a need for social support.

Geriatric Medicine therefore exceeds organ orientated medicine offering additional therapy in a multidisciplinary team setting, the main aim of which is to optimize the functional status of the older person and improve the quality of life and autonomy.

Geriatric Medicine is not specifically age defined but will deal with the typical morbidity found in older patients. Most patients will be over 65 years of age but the problems best dealt with by the specialty of Geriatric Medicine become much more common in the 80+ age group (European Union of Medical Specialists – Geriatric Section, 2008).

Definition of Gerontology: Gerontology is concerned primarily with the changes that occur between maturity and death and with the factors that influence these changes. It addresses the social and economic effects of an aging population and the physiological and psychological aspects of aging to learn about the aging process and possibly minimize disabilities.

In the last 50 years, the Maltese population has mirrored that in Europe and has increased in its longevity. In 2010, 16% of the total Maltese population consisted of persons aged 65 years of age and over (National Statistics Office, 2010). It is in this context that the specialty of Geriatric Medicine has been evolving since its birth in 1989. Since then it has endeavored to overcome the challenge of complex medical, social, psychological and economic conditions of older people. Together with the development of Gerontology, which is very well developed in Malta, it has continued to offer the highest quality of life possible for our older population.

TRAINING IN GERIATRIC MEDICINE

Undergraduate training in the Malta Medical School started in 1989; however specific assessment in the specialty has only been approved from this year (2013). Subjects taught at the undergraduate level include disease presentation, clinical assessment, the geriatric giants, stroke, and care in long stay institutions, rehabilitation and ethics. Medical students are also given small group teaching and bedside tutorials and attend ward rounds and clinics with consultant geriatricians at the Rehabilitation Hospital Karin Grech (RHKG).

Postgraduate training in Geriatric Medicine in Malta was officially set up in 2008 together with most of the other specialties. After completing their foundation programme and obtaining their Basic Specialist Training certificate,

doctors may apply for a Higher Specialist Training post in Geriatric Medicine. This is a 4 year training post which involves a rotation through acute, rehabilitation, chronic, respite and community care. Besides this, trainees have an opportunity to gain experience in psychiatry of the old age, orthogeriatrics, and palliative care and continence services.

TRAINING IN GERONTOLOGY

Training in Gerontology in Malta is the responsibility of the European Centre of Gerontology at the University of Malta. It delivers postgraduate courses at the level of Higher Diploma, Postgraduate Diploma and Masters in Gerontology and also supports students reading for a PhD in Gerontology. Courses are interdisciplinary in terms of the faculty and students.

International Institute of Ageing (INIA) – United Nations

INIA was inaugurated in 1988. It holds a number of training programmes on annual bases such as Social Gerontology, Economic and Financial aspects of Ageing, Health Promotion, Quality of Life and Well-being and demographic aspects of population ageing (INIA, 2001a). INIA also publishes its quarterly international journal, “Bold” which serves to disseminate research in Geriatrics and Gerontology on a global scale with specific reference to developing countries (INIA, 2001b).

MALTESE ASSOCIATIONS OF GERIATRICS AND GERONTOLOGY

The Geriatric Medicine Society of Malta (GMSM)

The GMSM was established in 2005 to improve the health and well-being of older persons and to further develop geriatric medicine and improve standards of care (Geriatric Medicine Society of Malta, 2005). The GMSM is officially recognized by the European Union Geriatric Medicine Society (EUGMS) and the European Union of Medical Specialists (UEMS – GMS) and representatives of the GMSM regularly participate in board meetings of these societies.

Malta Association of Gerontology and Geriatrics (MAGG)

MAGG was set up in 1998 in order to promote educational advancement of gerontologists and geriatricians (Malta Association of Gerontology and Geriatrics, 1998). Its main mission is to consider the

holistic consideration of research in ageing, that is the physical, social, economic and psychological. MAGG is also a full member of the International Association of Gerontology and of the European Association of Gerontology.

UNIVERSITY OF THE THIRD AGE

This was set up in 1993 and its role is that of providing knowledge and promoting exchange of knowledge for registered senior citizens. The educational programmes span from health related topics to cultural and social activities.

NATIONAL HEALTH SERVICE CLINICAL GERIATRIC SERVICES IN MALTA

There are eleven consultant geriatricians in Malta. Although most of them practice in all aspects of geriatric medicine, most of them sub-specialize in dementia, falls, movement disorders, incontinence, ophthalmology and tuberculosis.

The service is consultant based with support by 4 Resident Specialists, 3 Higher Specialist trainees, 3 Basic Specialist trainees on rotation with general internal medicine, 8 Foundation doctors and 6 medical officers.

Clinical geriatric services are spread over acute, rehabilitation, complex continuing care and nursing home facilities namely: Mater Dei Hospital (MDH), RHKG, St Vincent De Paule Residence (SVPR), and 3 wards at Mount Carmel Hospital (MCH) and Zammit Clapp hospital nursing home (ZCH), Żejtun residential home, Cospicua Residential home and Mellieħa Nursing home.

Mater Dei Hospital (MDH)

Consultant geriatricians are present on a daily basis at MDH to assess older patients referred by physicians and surgeons and besides giving advice, assess suitability for continuing rehabilitation at RHKG or long term care (LTC). Another role at MDH is the Orthogeriatric service. This service was started in 2011, where older patients who present with a fractured neck of the femur are jointly managed between Orthopaedic specialists and Geriatricians from the day of admission to the day of discharge or transfer to rehabilitation.

Rehabilitation Hospital Karin Grech (RHKG)

There are eight wards specialized in rehabilitation of patients above 60 years of age. Pathologies vary from the whole spectrum of medical pathologies to that of general

and orthopaedic surgery. The majority of inpatient admissions to RHKG are from MDH; however, direct referrals from family doctors are accepted after discussion with the admitting consultant geriatrician.

Daily medical outpatient clinics and day hospital clinics are also run in this hospital. The latter deal with the most complex cases where input by the interdisciplinary team is necessary and patients have primary nursing. Referral to the outpatient and day hospital services by medical practitioners is through a ticket of referral.

St Vincent De Paul Residence (SVPR)

This complex of 1100 beds houses the frailest older people in our society. Besides having dedicated wards for dementia patients and psychogeriatric cases, care is provided by all the interdisciplinary team, including doctors, nurses, physiotherapists, occupational therapists, speech and language pathologists, podiatrists, dentists, chaplains and social workers. There is also an activity day centre which specializes in dementia care and dedicated units for short inpatient respite for patients with or without dementia. Recently a night shelter service has also been added to the services provided. The physiotherapy department offers a direct referral service to medical practitioners who have older patients requiring outpatient physiotherapy services.

Service in other nursing homes

Three long term care nursing home wards in MCH are covered by the services of a medical officer and are also visited regularly by consultant geriatricians. The government residential homes of Żejtun, Cospicua, ZCH and Mellieħa are visited regularly by consultant geriatricians on a consultation basis.

PRIVATE HEALTH SERVICE CLINICAL AND CARE GERIATRIC SERVICES IN MALTA

Acute Geriatric Medicine is practiced in one of the private hospitals in Malta with referrals being done directly with the geriatrician. Outpatient services are also offered in the same hospital and in other private clinics. A private rehabilitation unit which deals with inpatient interdisciplinary rehabilitation of older people was opened in 2012 and has also collaborated in partnership with the national health services during winter pressures. Domiciliary consultations by geriatricians are organised for frail older patients who are immobile.

GOVERNMENT, CHURCH AND PRIVATE RESIDENTIAL AND NURSING HOMES

There are 9 government residential homes, 13 church-run residential homes and 12 private-run residential homes. Admission to these homes is through a formal application which requires the patient's family doctor to fill in the required medical details and level of disability, cognitive status, mobility status, list of medications and other particular details specified by the home in question. For government home applications, the patient is assessed comprehensively by a geriatrician and a social worker and their level of disability classified on a severity and priority scale.

GOVERNMENT COMMUNITY SERVICES

Day centres

There are 20 day centres in Malta. Services in such centres include creative, social, physical, educational activities and dancing lessons. These activities are complemented by educational talks on topics of particular relevance to older adults. Guest speakers are invited to deliver lectures about health issues, home safety, welfare services, etc. In addition, outdoor activities are also organized once a month. Day centres also promote intergenerational activities by inviting students to share experiences with older adults (Ministry for Health, 2013a).

Home care help service

The home care help service offers non nursing, personal help and light domestic work to older adults or persons with special needs. The aim of such service is to allow the recipients of such service to continue living in their community as independently as possible. It also aims to provide respite and support for informal carers. Ultimately, the home care help service helps to avert or delay the demand for long-stay residential care by providing the required support in the client's own home (Ministry for Health, 2013b).

Meals on wheels service

The scope of the Meals on Wheels is to support older persons and others who are still living in their own home but who are unable to prepare a decent meal (Ministry for Health, 2013c).

Handyman service

The Handyman Service offers a range of around seventy repair jobs that vary from electricity repairs to

plumbing, carpentry and transport of items (Ministry for Health, 2013d).

Incontinence service

The aim of the Incontinence Service is to alleviate the psychological problem to which a person may, as a result of incontinence, be subjected. Moreover, through the supply of heavily subsidized diapers, this service helps to decrease the physical and financial strain exerted on those families who have members with incontinence problems (Ministry for Health, 2013e).

Telecare service

The Telecare service enables the subscriber to call for assistance when required. It aims to provide peace of mind to older adults, disabled persons and those with special needs, thus encouraging them to continue living in their own home. Telecare is also a source of reassurance for the subscriber's carers and relatives (Ministry for Health, 2013f).

Commcare unit

The aim of the CommCare team is to work in collaboration with clients and informal carers to promote health and maximise independence in everyday activities.

Clients are assessed and referred to services, entities and other professionals as deemed necessarily. All referrals are individually assessed for eligibility and needs. Initial assessments are carried out over the phone and/or through a home visit. Referrals are received from hospitals, entities, general practitioners, and from carers and clients themselves (Ministry for Health, 2013g).

Private community services

There are various private companies which offer personal care, housekeeping, night care, respite services and meals on wheels to older people living at home.

CONCLUSION

Although Malta is at the forefront of both Geriatric Medicine and Gerontology, one must strive for continuing improvement. In terms of Geriatric Medicine, the creation of an Acute Geriatric Unit in MDH is long overdue. This will help to improve the quality of care for frail older people who are acutely ill, reduce the onset and progress of delirium, reduce length of stay and reduced unnecessary institutionalisation. With respect to Gerontology, research has to continue to try to answer the essential questions: how to increase life expectancy and slow down the ageing process and avoid age-related diseases.

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