A Practical Glossary of Geriatric Medicine Terms for Developing Geriatric Care Settings

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Geriatric medicine remains an emerging specialty in many parts of Europe. This brings several challenges including ensuring clear communication and understanding of common terminology amongst a cohort of healthcare professionals who may be unfamiliar with common terms. In most areas of science and research, progress builds upon existing knowledge and established expertise. Scientific development typically follows a cumulative pathway, informed by prior educational and professional experience. However, a different challenge arises in countries where a specialty remains underdeveloped or unrecognised which remains true of geriatric medicine in many regions. In such settings, healthcare professionals and researchers must establish new foundations, develop shared understanding, and create pathways for future growth. This aspiration may be supported by practical tools that facilitate development of a common scientific language amongst healthcare professionals working with older people.

Narrative reviews represent one such tool to expand knowledge where baseline understanding is lower in a population. By providing comprehensive, critical, and objective syntheses of the available evidence, they establish a theoretical framework and help define the scope of an emerging field (Baker. 2016). Glossaries of clearly defined terminology may explain key concepts in a concise, accessible, and evidence-based manner which may improve real world practice. Glossaries have therefore become an important component of educational resources. Many have been developed using structured consensus methods such as Delphi processes (Barais et al. 2017), others through expert consensus (Cawthon et al. 2022; Kotsani et al. 2021).

Shared definitions can facilitate communication, promote consistency of practice, and provide a foundation for educations, research, and service development across medical fields and specialties. (Brennan et al. 2022). This is particularly important in countries where Geriatric Medicine is still emerging, as inconsistent terminology and differing interpretations may hinder interprofessional communication, educational initiatives, and the promotion of the specialty itself. This may be especially true in geriatric medicine which already faces communication challenges created by the highly interprofessional nature of the work. To address this challenge, we propose a practical terminology toolkit designed to promote a shared understanding of commonly used terms in geriatric medicine, particularly in countries that are in the early stages of developing Geriatric Medicine as a recognised specialty.

This work forms part of the wider objectives of the PROGRAMMING COST Action (CA21122) (PROmoting GeRiAtric Medicine in countries where it is still eMergING), a European Cooperation in Science and Technology (COST)-funded initiative which aims to reduce disparities in the development of Geriatric Medicine across Europe and neighbouring countries. The Action currently brings together more than 450 members from over 60 countries and supports scientific collaboration, education, networking, and communication activities involving healthcare professionals, researchers, educators, policymakers, and other stakeholders. A central objective of PROGRAMMING is to develop educational resources on the principles of geriatric care for healthcare professionals who are not specialists in Geriatric Medicine, while fostering a common language that bridges differences in education, training, professional background, and healthcare systems.

The aim of this glossary is to provide a practical reference guide that supports healthcare professionals, educators, and researchers working in countries where Geriatric Medicine is less established. By improving understanding of frequently used geriatric terminology, the toolkit seeks to remove barriers to education, communication, and clinical practice for those working with older people. Authors have created separate lists, originally with 25 terms that they considered are of importance in the setting of countries with low levels of Geriatric development, based on their expertise and experience, since they are both working in such a setting. Common terms in the lists were prioritized; some others were removed and others added after a first discussion. They agreed upon the priorities in the used resources (WHO, other organizations and academic societies) and split the workload, separately proceeded with the sources research and then shared the definitions and discussed before accepting one definition. During the process new terms have been suggested within the team as well from external sources (Academic Board of the PROGRAMMING Action) to end up with the final glossary that comprises 71 commonly used or less common but of great importance geriatric terms. Although it is not a formal glossary developed through a structured consensus methodology, it is intended as a practical, ready-to-use resource that can be translated and adapted for use across participating countries.
Limitations of this glossary include not being developed through formal Delphi/consensus methodology, some definitions are intentionally simplified for educational use, and some terms have competing definitions in literature.

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GLOSSARY OF TERMS

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Abuse of Older People (Elder Abuse)

The abuse of older people, also known as elder abuse, is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect. (WHO. 2024)

Activities of Daily Living (ADLs)

Activities of daily living (ADLs) include both basic ADLSs (BADLs) and instrumental ADLs (IADLS).
BADLs or basic ADLs, include the fundamental skills typically needed to manage basic physical needs, comprising the following areas: grooming/personal hygiene, dressing, toileting/continence, transferring/ambulating, and eating. These functional skills are mastered early in life and are relatively more preserved in light of declined cognitive functioning when compared to higher level tasks.
IADLs include more complex activities related to independent living in the community (e.g., managing finances and medications). IADL impairment can often present in mild cognitive impairment and early dementia, whereas BADL declines are often not present until later dementia stages.
BADLs include the following categories:
- Ambulating: The extent of an individual's ability to move from one position to another and walk independently.
- Feeding: The ability of a person to feed oneself.
- Dressing: The ability to select appropriate clothes and to put the clothes on.
- Personal hygiene: The ability to bathe and groom oneself and maintain dental hygiene, nail, and hair care.
- Continence: The ability to control bladder and bowel function
- Toileting: The ability to get to and from the toilet, using it appropriately, and cleaning oneself (Edemekong et al. 2019).

See also: **Instrumental Activities of Daily Living (IADLs)**

Advance directives

Written by individuals to provide guidance on their future care preferences. Health care providers or surrogate decision makers may use these documents as a reflection of one's previously stated wishes. (Zietlow et al. 2022)

Ageing (aging)

Ageing and aging are used interchangeably, 'ageing' is the British English spelling, whereas 'aging' is the American English spelling. The term refers to a seemingly universal biological phenomenon; yet, it is surprisingly difficult to define. In essence, ageing is a term used to describe a correlated set of declines in functioning with advancing chronological age. Characteristic functional changes occur at the molecular and cellular levels, known as biological "hallmarks" of ageing (López-Otín et al. 2013, 2023), through to declining physiological homeostasis at the organism level as well as lessening abilities to perform everyday physical and cognitive tasks. Ageing also increases the susceptibility to many common diseases, with death rates rising approximately exponentially with advancing age (Melzer et al. 2020). Beyond biological changes, ageing is often associated with other life transitions such as retirement, relocation to more appropriate housing and the death of friends and partners. (WHO. 2024)

Ageism

Ageism refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age. (WHO. 2025)

Appropriate prescribing

Appropriate prescribing is a fundamental aspect of patient care and healthcare management. Appropriate prescribing means prescribing the right medicine, at the right dose, for the right duration and for the right patient. It describes the scenario where the right medicine is prescribed for the right patient, as part of a shared decision-making process between healthcare professional and patient. Appropriate prescribing doesn't just describe the prescription of new medicines, it can also include where a medicine that is no longer right for a patient is discontinued, again as part of a shared decision-making process between clinician and patient. Appropriate prescribing in geriatrics also involves indication, benefit-risk balance, patient goals, renal/hepatic function, interactions, monitoring, and deprescribing. (ABPI. 2024)

Assistive devices (Assistive products)

Assistive products maintain or improve functional ability and independence, and thereby promote well-being. Assistive products can range from physical products such as wheelchairs, spectacles, pill organizers, toilet chairs and hearing aids to digital solutions such as fall alarms, time management software and captioning. Assistive technology is the umbrella term for assistive products and their related systems and services. (WHO. 2024)

Care Dependency

The professional support to a patient whose self-care abilities have decreased and whose care demands make him/her to a certain degree dependent. The aim of the support is to restore the patient's independence in performing self-care. (Dijkstra et al. 1998)

Caregiver

A person who gives care to people who need help taking care of themselves. Examples include children, older adults, or patients who have chronic illnesses or are disabled. Caregivers may be health professionals, family members, friends, social workers, or members of the clergy. They may give care at home or in a hospital or other health care setting. (National Cancer Institute of Cancer Terms. 2025) A caregiver provides assistance in meeting the daily needs of another person. Responsibilities may range from bathing, dressing, feeding, transportation, grocery shopping, housework, managing incontinence, assisting with mobility, preparing meals, dispensing medicines, and communicating with medical staff. 'Formal' caregivers are paid for their services and have had training in providing care. 'Informal' caregivers, also called family caregivers, are persons who give care to family or friends usually without payment. (Johns Hopkins Medicine. 2025)

Clinical Frailty Scale (CFS)

The Clinical Frailty Scale (CFS) is a 9-point, judgment-based screening tool used by healthcare professionals to measure and classify the overall fitness or frailty of an older adult. It evaluates baseline health, daily functioning, cognition, and physical symptoms. (Pulok *et al.,* 2020). The scale ranges from 1 (very fit) to 9 (terminally ill), with scores 1–3 representing fit to well-managed individuals, 4 indicating vulnerability, and 5–8 highlighting increasing levels of frailty (mild, moderate, severe, and very severe). (BGS. 2009)

Comorbidity

The presence of one or more additional diseases or disorders occurring concomitantly with a primary disease or disorder. (WHO. 2017)

Competence

Competence is the state of proficiency of a person to perform the required practice activities to the defined standard. This incorporates having the requisite competencies to do this in a given context. Competence is multidimensional and dynamic. It changes with time, experience and setting. (WHO, 2022). A professional may also be required to demonstrate competence in a skill before being allowed to practice a particular skill. Defining the standard of competence often falls to healthcare regulators or professional societies.

Comprehensive Geriatric Assessment (CGA)

Comprehensive Geriatric Assessment (CGA) is the term used to describe a multidimensional, multidisciplinary process for assessing needs and developing/implementing an integrated care plan, offering gold standard care for older adults. It is evidence-based, and increasingly recognised for its role in improving quality of care of older people across various pathways and healthcare settings. Rather than being viewed as an isolated assessment of need, CGA goes beyond a routine medical assessment and incorporates all physical, psychological, functional, social and environmental factors. These are then used to develop an integrated holistic care plan that is individualised. (BGS Comprehensive Geriatric Assessment. 2025)

A multidimensional, multidisciplinary process that identifies a person's medical, social and functional needs and the development of an integrated and coordinated care plan to address these needs. (Parker et al. 2018).

Delirium

Delirium is an acute disturbance in attention, awareness and cognition that develops over a short period, usually fluctuates during the day, and is caused by an underlying medical condition, medication, substance exposure or withdrawal, or a combination of factors. (Wilson et al, 2020)

Dementia

An umbrella term for several diseases that are mostly progressive, affecting memory, other cognitive abilities and behaviour, and that interfere significantly with a person's ability to maintain the activities of daily living. Alzheimer's disease is the most common form of dementia and may contribute to 60 - 70 % of cases. Other major forms include vascular dementia, dementia with Lewy bodies, and a group of diseases that contribute to frontotemporal dementia. The boundaries between different forms of dementia are indistinct and mixed forms often coexist. (WHO. 2017)

Deprescribing

The process of tapering, stopping, discontinuing, or withdrawing drugs, with the goal of managing polypharmacy and improving outcomes. It is the planned and supervised process of dose reduction or discontinuation of medicines that may no longer provide benefit or may cause harm. (Thompson et al. 2013; WHO. 2019; deprescribing.org)

Digital inclusion

The effort to ensure that all individuals, regardless of gender, age, location, background etc., have equitable access to technology and the necessary skills to use it meaningfully. In public health, WHO

stresses that digital inclusion means removing barriers so that vulnerable or underserved groups are not left behind in digital health transformation. (UNESCO. 2026; WHO. 2024)

Digital health literacy

The ability to search, find, understand and evaluate health information from electronic resources and to use the knowledge gained to solve health-related problems. (WHO. 2024)

Digital safety

Digital safety refers to practices that protect people, their personal information, devices and health information when using digital technologies and online health services. It involves being aware of risks in digital environments and taking steps to use technology securely and responsibly. (Grosman-Rimon & Wegier, 2024; Ontario Tech University. 2026)

Dysphagia

Dysphagia refers either to the difficulty someone may have with the initial phases of a swallow (usually described as "oropharyngeal dysphagia") or to the sensation that foods and or liquids are somehow being obstructed in their passage from the mouth to the stomach (usually described as "esophageal dysphagia"). Dysphagia is thus the perception that there is an impediment to the normal passage of swallowed material. (World Gastroenterology Organisation. 2014)

Elderly: terminology to avoid

Elderly population is the share of the population aged 60 years and over. (WHO. 2025) In the health and social care systems of many countries, older people are regarded as those aged 65 years or over, but in some circumstances, age 60 years may be more appropriate depending on the context and health expectancies (European Union. 2019). Although 'elderly' remains widely used in clinical and everyday language, it is increasingly avoided in professional communication because it may be perceived as impersonal, stereotypical or ageist. 'Older people', 'older adults' or 'older patients' are generally preferred. (BGS. 2024)

See also: **older people**

End of life care

Care given to people who are near the end of life and have stopped treatment to cure or control their disease. End-of-life care includes physical, emotional, social, and spiritual support for patients and their families. The goal of end-of-life care is to control pain and other symptoms so the patient can be as comfortable as possible. It may include palliative care, supportive care, and hospice care. (NCI. 2026)

Fall

A fall is an event which results in a person coming to rest inadvertently on the ground or floor or other lower level. Falls, trips and slips can occur on one level or from a height (WHO. 2021).

Falls prevention

Falls prevention refers to guidelines and procedures to identify a person's risk of fall, provide preventive measures in order to reduce fall risk and thereby also to reduce fall related injuries. Falls prevention strategies should emphasize education, training, creating safer environments, prioritizing fall-related research and establishing effective policies to reduce risk (WHO. 2021).
Fall and injury prevention needs multidisciplinary management. Engaging older adults is essential for prevention of falls and injuries: understanding their beliefs, attitudes and priorities about falls and their management is crucial to successfully intervening (Montero-Odasso et al. 2022).

Fear of Falling

Fear of falling (FOF) is defined as an enduring preoccupation with falling that leads an individual to avoid activities that he or she is still capable of performing (Tinetti & Powell. 1993)

Frailty

Frailty is a progressive, age-related state of increased vulnerability to stressors. It occurs when an individual's physical, physiological, and cognitive reserves gradually decline, leaving them with a reduced capacity to recover from minor illnesses or injuries (WHO. 2017)

Frailty Index

The frailty index is calculated as the number of deficits the patient has, divided by the number of deficits considered. It is a number between 0 and 1, with a higher score indicating more significant frailty. The frailty index is based on the concept that frailty is a consequence of interacting physical, psychological, and social factors. As deficits accumulate, people become increasingly vulnerable to adverse outcomes. (CGA Toolkit Plus. 2025).

Frailty Phenotype (FRIED)

The Fried Frailty Phenotype (also called the Fried Criteria) defines frailty as a distinct medical syndrome of aging. It identifies frailty by measuring five physical signs of decline: shrinking (weight loss), weakness (grip strength), slowness (gait speed), exhaustion, and low physical activity. (Fried et al. 2001)

Functional Ability

Functional ability is about having the capabilities that enable all people to be and do what they have reason to value. This includes a person's ability to meet their basic needs; learn, grow and make decisions; be mobile; build and maintain relationships; and contribute to society. Functional ability consists of the intrinsic capacity of the individual, relevant environmental characteristics and the interaction between them. (WHO. 2020)

Functional impairment

Functional impairment is a significant limitation, loss, or abnormality of a person's physical, cognitive, or psychological functions. It describes how a health condition, symptom, or disease prevents an individual from completing everyday tasks and fully participating in society. (WHO. 2018)

Functional reserve

Functional reserve represents the ability of a system to increase its functioning from baseline activity to maximum capacity. Functional reserve allows the body to adjust to physiological stressors such as illness, injury, and toxicity, as well as respond to strain from activities of daily living. (Jones et al. 2021; Ronco et al. 2017)

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 are considered to have a high degree of frailty and active multiple pathology, 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 optimise 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. It is recognized that for historic and structural reasons the organization of geriatric medicine may vary between European Member Countries. (UEMS. 2025)

Geriatric patient

There is no universally applicable chronological age threshold for a geriatric patient. Geriatric medicine generally focuses on older people with multimorbidity, frailty, functional impairment, geriatric syndromes or other complex needs. (UEMS; De Breucker et al. 2009; Boccadi et al. 2025).

Geriatric Rehabilitation

Rehabilitation is defined as a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. (WHO. 2024) Geriatric rehabilitation includes restoration/optimisation of function, independence and participation following acute illness, injury, surgery or functional decline, taking account of frailty, multimorbidity and geriatric syndromes. (Achterberg et al. 2024)

Geriatric Syndrome

Geriatric syndromes are clinical conditions characterised by multiple contributing factors across several organ systems and associated with increased vulnerability, functional decline and adverse outcomes in older people. Common examples include falls, delirium, incontinence, frailty, functional impairment and pressure injuries. (Inouye et al. 2007)

Geriatric team

A multidisciplinary team of health professionals who run the comprehensive geriatric assessment and implement the therapeutic plan. Members of the geriatric team usually, but not exclusively, are geriatricians, nurses, social workers, dietitians, physiotherapists, occupational therapists, speech therapists, and clinical pharmacists. Other professionals, such as dentists and other medical specialists, can also be involved on demand (Kotsani et al. 2021).

Gerodontology

Gerodontology is the branch of dental science concerned with the oral health and care of older adults. (Kossioni A. 2026)

Gerontology

The study of aging processes and individuals across the life course. It includes:

- The study of physical, mental, and social changes in people as they age;
- The investigation of changes in society resulting from our aging population; and
- The application of this knowledge to policies and programs.

Gerontology is multidisciplinary in that it combines or integrates several separate areas of study. (Gerontological Society of America. 2025).

Gero-oncology

Gero-oncology (also geriatric oncology, oncogeriatrics) is a specialized multidisciplinary branch of medicine focusing on the comprehensive care of older adults diagnosed with cancer. It integrates oncological principles with geriatric assessments to evaluate physiological age, functional status, comorbidities, and life expectancy, optimizing treatment while avoiding under-treatment or over-treatment. (Karnakis et al. 2024)

Geroscience

Geroscience is an interdisciplinary field focused on the discovery and translation of methods and interventions that target aging pathways to prevent, delay, or potentially modify chronic diseases and functional decline associated with ageing. (NIH. 2026)
Geroscience seeks to understand the molecular and cellular mechanisms responsible for aging as a major driver of common chronic conditions and diseases of older people. The geroscience hypothesis posits that since aging physiology plays a role in many – if not all – chronic diseases, addressing aging physiology will allow a reduction or delay in the appearance of multiple chronic diseases. Older adults are often afflicted by multiple comorbidities and while recent progress in addressing individual diseases has led to an increase in life expectancy, this has not always been accompanied by a parallel increase in healthspan, the portion of life spent in good health. (Trans-NIH GSIG. 2026)

Gerotechnology

Gerotechnology or Gerontechnology is an interdisciplinary field linking existing and developing technologies to the aspirations and needs of aging and aged adults. (Chen. 2020)

Guardianship

Guardianship is a legal arrangement, defined differently across jurisdictions, in which another person is authorised to make some or all decisions on behalf of an individual who has been determined to lack decision-making capacity. The scope, terminology and safeguards vary between legal systems. (Zietlow et al. 2022)

Hand grip strength (HGS)

Handgrip strength (HGS) is a simple and reliable measurement of maximum voluntary muscle strength, usually using a dynamometer. It is an important tool for diagnosing sarcopenia and is widely used as a single indicator to represent overall muscle strength (Lee. 2021).

Healthy aging

The process of developing and maintaining the functional ability that enables well-being in older age. (WHO. 2015)

Healthy longevity

Healthy longevity is longer life accompanied by preservation of health/function. It is the state in which years in good health approach the biological life span, with physical, cognitive, and social functioning that enables well-being across populations. By increasing healthy longevity, societies can minimize societal and individual burdens while increasing human and social capital. Promoting healthy longevity for individuals and societies through policies and actions can unleash the potential of older people in the near and long terms, benefiting people of all ages and societies around the globe. (National Academy of Medicine. 2022)
It matches an extended lifespan with an equally extended "healthspan" – the period of life spent free from chronic disease and debilitating-disability. It relies on continuous physical capability, mental sharpness (cognitive reserve), and social engagement to ensure a life of dignity and purpose.

Health span

Health span, describes the period of a person's life spent in good health. This means that he or she is, as far as possible, free from serious, chronic illnesses and significant age-related limitations. (Max Planck Institute for Biology of Ageing. 2026)

Institutionalization

The process or act of transitioning an older adult out of their private home and into a long-term care facility (such as a nursing home or chronic care hospital) to receive ongoing care. It represents a shift from independent living to a formal, regulated residential care setting. (The American Geriatric Society. 2025) Institutionalisation can encompass broader processes of placement/dependence within institutional care.

Instrumental Activities of Daily Living (IADLs)

The Instrumental Activities of Daily Living (IADLs) include more complex activities related to the ability to live independently in the community. This would include activities such as e.g., managing finances and medications, food preparation, housekeeping, laundry.
IADLs are those that require more complex thinking skills, including organizational skills.
- Transportation and shopping: Ability to procure groceries, attend events. Managing transportation, either via driving or by organizing other means of transport.
- Managing finances: This includes the ability to pay bills and managing financial assets.
- Shopping and meal preparation, i.e., everything required to get a meal on the table. It also covers shopping for clothing and other items required for daily life.
- House cleaning and home maintenance. Cleaning kitchens after eating, maintaining living areas reasonably clean and tidy, and keeping up with home maintenance.
- Managing communication with others: The ability to manage telephone and mail.
- Managing medications: Ability to obtain medications and taking them as directed (Edemekong et al. 2019).

See also: **Activities of Daily Living (ADLs)**

Integrated Care

Integrated health care, often referred to as interprofessional health care, is an approach characterized by a high degree of collaboration and communication among health professionals. What makes integrated health care unique is the sharing of information among team members related to patient care and the establishment of a comprehensive treatment plan to address the biological, psychological and social needs of the patient. The interprofessional health care team includes a diverse group of members (e.g., physicians, nurses, psychologists and other health professionals), depending on the needs of the patient (American Psychological Association. 2013).

See also: **Integrated care for older people approach (ICOPE)**

Integrated care for older people approach (ICOPE)

Integrated care for older people approach (ICOPE) is WHO's approach to provide a continuum of integrated care that helps to reorient health and social services towards more person-centred and coordinated care. ICOPE supports optimizing intrinsic capacity and functional ability in older age. (WHO. 2025)

Intrinsic Capacity

Intrinsic capacity is the combination of the individual's physical and mental, including psychological, capacities. It is conceptualized into a five-domain construct, involving locomotion, cognition, psychological, vitality and sensory domains. (WHO. 2017)

Life span

Life duration or lifespan**,** describes the actual time between the birth and death of an individual. (Max Planck Institute for Biology of Ageing. 2026)

Loneliness

Loneliness is a form of social disconnection, is a negative, subjective emotional state resulting from a discrepancy between one's desired and actual experiences of connection. (WHO. 2025)
Loneliness and social isolation are often used synonymously even though they represent different concepts. Loneliness is synonymous with perceived social isolation, not with objective social isolation (Hawkley. 2010). Loneliness is defined as a perceived/subjective condition in which an individual is dissatisfied with the quality and/or quantity of their social relationship (Taylor. 2020). Social isolation and loneliness are increasingly being recognized as a priority public health problem and policy issue for older people. (WHO. 2025)

See also: **Social isolation**

Long term care

The care and support to maintain functional ability is the core of long- term care. Long-term care includes activities "to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity". Long-term care should address the health, personal care and social needs of individuals; it may be continuous or intermittent but should be delivered for sustained periods to individuals who have demonstrated needs related to functional ability.
The goal of long-term care is to ensure that an individual who has significant declines in physical or mental capacity can maintain the best possible quality of life, with the greatest possible degree of independence, autonomy, participation, personal fulfilment and human dignity. (WHO. 2021)

Malnutrition

Malnutrition refers to deficiencies or excesses in nutrient intake, imbalance of essential nutrients or impaired nutrient utilization. The double burden of malnutrition consists of both undernutrition and overweight and obesity, as well as diet-related noncommunicable diseases. Undernutrition manifests in four broad forms: wasting, stunting, underweight, and micronutrient deficiencies. (WHO. 2025)

Multidisciplinary team

A group of health and care workers from various organizations and professions (e.g. doctors, nurses, physiotherapists, social workers) that work together to make decisions regarding the care of an older person and their carers, and provide care in a collaborative and coordinated manner. (WHO. 2024)

Multimorbidity

The presence of two or more chronic conditions in the same individual that has a specific impact on safety issues. These are often long-term health conditions which require complex and ongoing care. (WHO. 2016).

Nursing Home

A nursing home is generically defined as a public or private residential facility that provides 24-hour functional support, personal care, and continuous medical supervision for individuals who are unable to care for themselves properly but do not require acute hospital treatment (Merriam-Webster, 2026). Terminology and service models for nursing home facilities vary significantly across different countries and jurisdictions. Regional names and care delivery differ based on local healthcare infrastructure and regulations. (Ågotnes et al. 2019; Sanford et al. 2015)

Older people

According to the WHO, older people (or older adults) are defined as those aged 60 years and older. The WHO also uses an alternative definition, whereby an older person is defined as someone who has passed the median life expectancy at birth. (WHO. 2025)
Avoid using language, such as *elderly* or *senior*, as many people find belittling or condescending. The term *elderly* is considered ageist (The Language of Ageism. 2021).

See also: **elderly**

Orthogeriatrics

Orthogeriatrics is the subspeciality area in geriatrics involved in the care of older people with fragility fractures, mostly hip fractures. It also involves pre-operative assessment and management of patients undergoing elective hip, knee, and spinal surgery. Orthogeriatrics was developed as a subspecialty to address the poor outcomes of hip fracture patients by caring for patients alongside orthopedic surgeons and with the support of a specialist multidisciplinary team (Hadson. 2024; Aw et al. 2014).

Palliative care

Palliative care is an approach that improves the quality of life of patients and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, impeccable assessment and treatment of pain and other problems, whether physical, psychosocial, or spiritual. (WHO. 2023)

Personalized Care Plan

A personalized care and support plan is a way of capturing and recording conversations, decisions and agreed outcomes in a way that makes sense to the person, proportionate, flexible and coordinated and adaptable to a person's health condition, situation and care and support needs. It includes a description of the person, what matters to them and all the necessary elements that would make the plan achievable and effective. Personalised care planning empowers individuals, promotes independence and helps people to be more involved in decisions about their care. It centres on listening to individuals, finding out what matters to them and finding out what support they need. Personalised care planning is essentially about addressing an individual's full range of needs, taking into account their health, personal, family, social, economic, educational, mental health, ethnic and cultural background and circumstances. (NHS England. 2025).

Despite varying contents and terminologies (e.g., personalized care plans, comprehensive shared care plans), these approaches incorporate common elements including (a) patient-provider discussions to identify goals; (b) development of holistic plans that attend to clinical and non-clinical needs; and (c) mechanisms to share plans across providers to coordinate care.

Consonant with goal-directed care, these plans are designed to align healthcare with what matters most to patients, shifting away from a disease-oriented paradigm. Often used with medically complex patients, personalized care plans have been effective in improving outcomes when integrated into routine care (Bolton et al. 2020).

Polypharmacy

According to WHO it is the concurrent use of multiple medications. Although there is no standard definition, polypharmacy is often defined as the routine use of five or more medications. This includes over the counter, prescription and/or traditional and complementary medicines used by a patient. (WHO. 2019)

Pre-habilitation

The multimodal approach aiming at the optimal preparation of a patient for a major intervention, by increasing physical, physiological, metabolic, and psychosocial reserves and enhancing general health and well-being. It incorporates numerous systemic and regional approaches that include exercise, nutrition, education, and/or psychosocial interventions that are intended to improve preoperative fitness and preparedness. Importantly, this also promotes and facilitates health behavior

changes not only preoperatively but during the postoperative period and long-term. (Santa Mina et al. 2015; Singh et al. 2015; Le Guen et al. 2019)

Prevention

Prevention (Disease Prevention): specific, population-based and individual-based interventions for primary and secondary (early detection) prevention, aiming to minimize the burden of diseases and associated risk factors. Primary prevention refers to actions aimed at avoiding the manifestation of a disease (this may include actions to improve health through changing the impact of social and economic determinants on health; the provision of information on behavioral and medical health risks, alongside consultation and measures to decrease them at the personal and community level; nutritional and food supplementation; oral and dental hygiene education; and clinical preventive services such as immunization and vaccination of children, adults and older adults, as well as vaccination or post-exposure prophylaxis for people exposed to a communicable disease). Secondary prevention deals with early detection when this improves the chances for positive health outcomes (this comprises activities such as evidence-based screening programs for early detection of diseases or for prevention of congenital malformations; and preventive drug therapies of proven effectiveness when administered at an early stage of the disease). (WHO. 2026)

Resilience

Individual resilience in the context of ageing and health is defined as the dynamic capacity of an older person to withstand, adapt to, and recover from physical, psychosocial, or cognitive adversity and stressors. (Grigoraș et al. 2025) More broadly, resilience is the ability of a health system, community, or individual to absorb, adapt to, and recover from shocks and stresses. (WHO. 2017). Building resilience is a key factor in protecting and promoting health and well-being at both the individual and community levels. (WHO. 2018)

Retirement

Retirement is the exit from active working life and entry into a life stage where labor activities and relations cease or take on a different nature. It is officially recognized as a major life transition during aging rather than merely an administrative milestone. (WHO. 2025)

Sarcopenia

Sarcopenia is a muscle condition rooted in adverse muscle changes that accrue across a lifetime; sarcopenia is common among adults of older age but can also occur earlier in life. Sarcopenia is defined by low levels of measures for three parameters: (1) muscle strength, (2) muscle quantity/quality and (3) physical performance as an indicator of severity (Cruz-Jentoft et al. 2019). Sarcopenia is defined as an age-associated loss of skeletal muscle function and muscle mass and is common in older adults. (Dent et al. 2018) It is associated with increased likelihood of adverse

outcomes including falls, fractures, physical disability, and mortality. In 2016, sarcopenia was classified by the WHO as a disease and afforded an ICD-10 code as a "disorder of muscle". (WHO. 2016)

Social isolation

Social isolation, a form of social disconnection, is the objective state of having few roles, relationships and social interactions with others. (WHO. 2025)

See also: **loneliness**

Urinary incontinence

Urinary incontinence is the involuntary leakage of urine. It occurs in association with not only lower urinary tract dysfunction but also loss of mobility, cognitive decline and other diseases. It is more common in older adults and women. Urinary incontinence can diminish an older person's self-esteem and confidence, leading to reduced social engagement and potential isolation. (WHO. 2025)

Walking Speed

Walking speed (WS) or gait speed is the rate at which an individual moves, measured in meters per second (m/s). It is a valid, reliable, sensitive measure appropriate for assessing and monitoring functional status, frailty level and overall health in a wide range of populations. Walking speed has been described as a 'sixth vital sign' because of its association with functional status and health outcomes. (Middleton et al. 2015).

Discussion

The need to define terminology in science is unquestionable. The aim of a glossary may be the decrease of confusion related to the spread of new and unfamiliar terms as for instance in the case of COVID-19 pandemic (Norton et al. 2021) or the simplification of terms used in a specific scientific field or activity, as in the case of clinical trials aiming to facilitate professionals designing, executing and performing randomized clinical trials (Nagendrababu et al. 2021). Some others are producing glossaries because precise definitions are essential to the collection of health data (An international glossary for primary care. 1981). Our effort covers all the aforementioned instances especially since it is conceived to be used in countries where Geriatric Medicine and the related research field are less developed. A great advantage of this tool will be the fact that it is meant to be translated into more than 20 languages in order to be used in all countries participating in the PROGRAMMING COST Action. Whilst other glossary tools exist, this glossary draws on several existing resources to create a more concise, rapid and insightful document specific to geriatric medicine. This also has been created with healthcare professionals who work in countries where geriatric medicine is still emerging specifically in mind and makes less assumptions about pre-existing knowledge of geriatric medicine terminology. It may also be useful for people working in countries with developed geriatrics.

Since older people and their families are themselves major stakeholders in the endeavor of promoting geriatrics across Europe, future perspectives might be a friendlier version to the end-users', including adapted language and avoiding scientific slang (Inclusion Europe. 2025). Potential cultural adaptations and even an "easy to read and to understand" version including pictures and diagrams and also versions destined for people with sensory limitations can be an even greater endeavor for future working groups endorsing participatory approaches for older adults and aspiring to mitigate discrepancies.

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