Geriatric Medicine Matters

The Added Value for Healthcare Professionals

Healthcare professionals increasingly care for older adults with complex needs, yet most healthcare systems are not adequately equipped for this challenge. It affects care quality, clinical outcomes, and professional satisfaction. Older adults frequently present with multimorbidity, frailty, cognitive impairment, polypharmacy and functional vulnerability that challenge traditional disease-oriented models of care.

Geriatric Medicine provides practical tools and frameworks to support **individualised clinical decision-making** by integrating biological age, functional reserve, prognosis, and patient priorities into care.

Applying **geriatric competencies** improves patient and caregiver outcomes while promoting more efficient use of healthcare resources, and reduce medical complications, hospital-associated disability, inappropriate interventions, medication-related harm, avoidable hospitalisations and institutionalisation.

Integrating basic principles of Geriatric Medicine into routine clinical practice - through practical tools, education and training, and collaborative care models - is essential to improve **care quality** and ensure the **sustainability of healthcare systems** in societies with growing numbers of older people.

Key messages

As life expectancy increases, more people are living to older age with increasingly heterogeneous health, functional, and care needs.

Older adults' needs must be addressed **across all healthcare settings**, not only in specialist geriatric services.

Geriatric Medicine provides healthcare professionals with practical frameworks and tools to support clinical decision-making and deliver individualized, high-quality care, contributing to better outcomes for older adults.

Healthcare professionals should develop and maintain **core geriatric competencies** relevant to their specialties, while organisations and healthcare systems should provide the training, resources, care models, and working conditions needed to apply them.

*This publication is based upon work from COST Action PROGRAMMING 21122, supported by COST (European Cooperation in Science and Technology). COST is a funding agency for research and innovation networks. Our Actions help connect research initiatives across Europe and enable scientists to grow their ideas by sharing them with their peers. This boosts their research, career and innovation. The present document is a tool designed to support healthcare professionals in integrating the principles of Geriatric Medicine into their daily clinical practice, highlighting its practical value and impact on care quality, outcomes, and efficiency. It was generated by a multiple step co-creation and review procedure by researchers engaged. The content is structured around three core questions: **Why** Geriatric Medicine matters to healthcare professionals, **What** is Geriatric Medicine and what does it offer to healthcare professionals, and **How** to better integrate the basic Geriatric Medicine principles into practice of healthcare professionals.*

I. Why Geriatric Medicine Matters to Healthcare Professionals

Healthcare professionals are already caring for older adults - but most healthcare systems have not adequately equipped them for the complexity this brings.

Rising life expectancy is transforming healthcare across all specialties and settings. Healthcare systems must increasingly respond to the needs of patients with chronic complexity rather than isolated acute disease episodes. Healthcare professionals - from primary care physicians and hospital specialists to nurses, physiotherapists, pharmacists, and other allied health professionals - will be increasingly involved in the care of older adults.

OLDER ADULTS ARE NOT SIMPLY OLDER VERSIONS OF YOUNGER ADULTS: they rarely fit neatly into disease-specific models of care. Age-related physiological vulnerability alters disease presentation, treatment tolerance, recovery trajectories, and healthcare priorities, while multimorbidity, frailty, cognitive impairment, atypical symptom patterns, and geriatric conditions such as delirium, falls, and sarcopenia further contribute to adverse outcomes and increased healthcare utilisation. [1,2]

Importantly, older adults represent a highly heterogeneous population, with substantial variation in clinical presentation and needs - even among those of similar age. However, traditional single-disease approaches and clinical guidelines often fail to reflect these realities. [3,4]

Geriatricians are specifically trained to address these clinical and care complexities of older adults, but they cannot meet this challenge alone. Although there is a clear need to increase the number of geriatricians, **there is not - and never will be – a geriatrician for every older person.**

While the workforce specialized in geriatrics remains insufficient to meet growing demand, many healthcare professionals involved in the care of older adults have **limited opportunities to develop practical geriatric competencies through formal training**, despite these competencies being **essential for delivering high-quality care**. This mismatch between growing and complex care needs and workforce preparedness may compromise care quality, clinical outcomes, and satisfaction for patients, caregivers, and professionals alike. [5]

II. What is Geriatric Medicine and what does it offer to healthcare professionals?

Geriatric Medicine equips healthcare professionals with the frameworks, tools, and competencies needed to deliver safe, effective, and person-centred care for older adults living with complex conditions.

What is 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. It covers individuals living with frailty and multimorbidity, whose needs extend beyond organ-based paradigms of care and demand multidisciplinary, holistic management aimed at preserving function, autonomy, and quality of life. [6]

The **Comprehensive Geriatric Assessment (CGA) is a cornerstone** of this approach, providing a structured framework to evaluate medical, functional, psychological, and social domains and guide coordinated, individualised care planning. The CGA has consistently demonstrated **improvements in functional outcomes, reduced institutionalisation and better coordinated care**. [7,8]

cost EUROPEAN COOPERATION IN SCIENCE & TECHNOLOGY
Funded by the European Union
EuGMS European Geriatric Medicine Society
Fostering geriatric medicine across Europe

What does Geriatric Medicine offer to healthcare professionals?

Geriatric Medicine enables patient management to move beyond disease-centred care by integrating biological age, functional status, cognition, psychosocial context, and patient goals and preferences into clinical decision-making; thereby helping healthcare professionals provide the **best possible care for older adults** within the context of their individual needs and priorities.

By incorporating geriatric core competencies into routine practice, healthcare professionals can:

- **identify and address older adults' functional, cognitive, psychological and social needs** more effectively;
- **contribute to medication optimisation** by prescribing appropriate but previously omitted medications and deprescribing of potentially inappropriate medications;
- **provide more appropriate and individualised care planning** for older patients.

Geriatric Medicine supports healthcare professionals by **facilitating interdisciplinary collaboration and improving professional confidence and satisfaction**, particularly when navigating complex clinical and ethical decisions under conditions of uncertainty and competing priorities.

In parallel, it also **improves outcomes at the patient, caregiver, and system level**, contributing to reductions in complications, functional decline, caregiver burden, avoidable hospitalisations, institutionalisations, and healthcare costs. [7,8]

III. How to Better Integrate Basic Geriatric Medicine Principles into the Practice of Healthcare Professionals

Meaningful integration of basic Geriatric Medicine principles into routine practice of healthcare professionals is achievable through coordinated action at the individual, organisational, and system levels.

1. AT THE INDIVIDUAL LEVEL: INTEGRATING GERIATRIC SKILLS INTO EVERYDAY CLINICAL PRACTICE

- **Build Core Geriatric Competencies |** Healthcare professionals should develop core geriatric competencies - the essential knowledge, skills, and behaviours required within their own scope of practice – to deliver better care for older adults. These competencies should be acquired and continuously strengthened through training, lifelong learning, and practical educational resources.
- **Apply a geriatric approach to everyday clinical decision-making |** Healthcare professionals should **integrate concepts such as intrinsic capacity and frailty, functional and cognitive status, multimorbidity, and patient priorities and prognosis** into routine clinical decisions rather than relying solely on chronological age or disease-based algorithms. This is increasingly feasible through **practical and time-efficient geriatric screening tools**, integrated with core geriatric competencies and appropriate management and referral pathways.
- **Basic principles of geriatrics*** will also help in clinical decision-making, particularly when clinical presentations are atypical, or treatment decisions involve competing risks and benefits.

Basic Geriatric Medicine Principles*

Older adults are not simply adults with more years.
Function is a vital sign.
Atypical presentation is typical in geriatrics.
What matters to the patient matters most.
Avoid both under- and overtreatment.
Every symptom is a drug side effect until proven otherwise.
Start low, go slow—but go.
Think delirium first.
Bed is bad.

cost EUROPEAN COOPERATION IN SCIENCE & TECHNOLOGY
Funded by the European Union
EuGMS European Geriatric Medicine Society
Fostering geriatric medicine across Europe

- **Optimise medication use and improve medication safety |** Healthcare professionals should integrate **medication review and reconciliation as a routine safety step**, particularly during care transitions (e.g., hospital admission and post-discharge). [9-11] **Structured medication optimisation tools** can improve medication appropriateness, reduce medication-related harm and adverse drug reactions, thereby improving medication safety in older adults. [12]
- **Promote shared decision-making and interdisciplinary collaboration |** Healthcare professionals should **actively involve older adults and caregivers in care planning**, aligning decisions with goals of care, patient priorities and expected benefits and burdens of treatment. They are encouraged to seek collaboration with specialists in geriatrics and multidisciplinary teams in complex or high-risk cases to deliver coordinated, person-centred care.

2. AT THE ORGANISATIONAL LEVEL: CREATING HEALTHCARE ENVIRONMENTS THAT SUPPORT HIGH-QUALITY OLDER ADULT CARE

- **Expand collaborative models of care |** Healthcare organisations should **establish collaborative models of care** that integrate geriatric expertise, including interdisciplinary team-based care, geriatric consultation services, and co-management services between geriatric medicine and other specialties such as orthogeriatrics, oncogeriatrics, perioperative care, emergency and critical care, to support the coordinated care of older adults with complex needs. [13,14]
- **Build healthcare organisations better adapted to older adult care |** Healthcare organisations should embed processes that support high-quality older adult care into routine practice, including geriatric screening and assessment protocols, interdisciplinary case discussions, and institutional support for geriatric competencies. They should establish systems that support effective care transitions across healthcare settings through coordinated communication, continuity of care, and evidence-based practices such as medication reconciliation, helping to reduce readmissions and functional decline in older adults. [15,16] **Age-friendly healthcare environments** should ensure that mobility, cognition, nutrition, sensory function, and delirium prevention are addressed as a standard of care.

3. AT THE SYSTEM LEVEL: ENABLING SUSTAINABLE GERIATRIC INTEGRATION

- **Develop geriatric competencies across the healthcare workforce |** Healthcare professionals should have **ready access to practical, profession-relevant geriatric education and training** throughout their careers. This should include interdisciplinary learning, longitudinal exposure to older adults across care settings, and protected time for continuing professional development.
- **Build healthcare systems that empower professionals to deliver better care for older adults |** Health systems and policymakers should ensure that healthcare structures are designed to address the complexity of older adults. This requires **clearly defined quality standards and outcome measures that reflect what matters to older people - including function, independence, and quality of life - alongside policies and regulatory frameworks that enable interprofessional collaboration, and funding mechanisms** that recognise the time, preparedness and coordination required for complex geriatric care.

Better care for older adults begins with better support for the professionals who care for them. Integrating core geriatric competencies into routine practice is an investment that can improve clinical confidence, enhance care quality, and ultimately save time by making care more efficient in the long term. Geriatric Medicine should therefore be recognised not as an optional subspecialty interest, but as an essential clinical competence framework for delivering safe, equitable, and person-centred care for older adults.

cost EUROPEAN COOPERATION IN SCIENCE & TECHNOLOGY
Funded by the European Union
EuGMS European Geriatric Medicine Society
Fostering geriatric medicine across Europe

Transparency statement: Generative AI was used solely to assist with editorial revision of an initial human-authored manuscript, including improving language, shortening text, and synthesizing complex ideas into concise wording. The evidence base, policy recommendations, interpretation, and final content were developed, critically reviewed, and approved by the authors, who retain full responsibility for the document.

MORE RESOURCES (available at www.cost-programming.eu/):

1. PROGRAMMING Advocacy Briefs: Geriatric Medicine matters: The added value for... Healthcare Systems and Policymakers | Healthcare Educators and Curricula Developers | Older People and Civil Society
2. PROGRAMMING COST Action 21122 publications
3. 90'' video on what PROGRAMMING COST Action 21122 is
4. Short video explaining Geriatric Medicine
5. PROGRAMMING Glossary of Geriatric Medicine terms

REFERENCES:

1. Stevenson JM, Parekh N, Chua KC, et al. A multi-centre cohort study on healthcare use due to medication-related harm: the role of frailty and polypharmacy. Age Ageing. 2022;5:afac054. doi: 10.1093/ageing/afac054.

2. Hoogendijk EO, Afilalo J, Ensrud KE, et al. Frailty: implications for clinical practice and public health. Lancet. 2019;394:1365-1375. doi: 10.1016/S0140-6736(19)31786-6.

3. Ferrucci L, Kuchel GA. Heterogeneity of Aging: Individual Risk Factors, Mechanisms, Patient Priorities, and Outcomes. J Am Geriatr Soc. 2021;69:610-612. doi: 10.1111/jgs.17011.

4. Ungar A, Cherubini A, Fratiglioni L, et al. Carta of Florence Against Ageism: No Place for Ageism in Healthcare. J Gerontol A Biol Sci Med Sci. 2024;79:glad264. doi: 10.1093/gerona/glad264.

5. Duque S, Piotrowicz K, Masud T, et al. Building a pan-European network to bridge gaps in geriatric medicine education: the PROGRAMMING COST Action 21,122-a call for endorsement. Eur Geriatr Med. 2025;16:411-423. doi: 10.1007/s41999-024-01137-0.

6. European Union of Medical Specialists (UEMS). Geriatric Medicine Section. Access link: https://www.uemsgeriatricmedicine.org/.

7. Ellis G, Gardner M, Tsiachristas A, et al. Comprehensive geriatric assessment for older adults admitted to hospital. Cochrane Database Syst Rev. 2017;9:CD006211. doi: 10.1002/14651858.CD006211.pub3.

8. Chen Z, Ding Z, Chen C, et al. Effectiveness of comprehensive geriatric assessment intervention on quality of life, caregiver burden and length of hospital stay: a systematic review and meta-analysis of randomised controlled trials. BMC Geriatr. 2021;21:377. doi: 10.1186/s12877-021-02319-2.

9. Stevenson JM, Davies JG, Martin FC. Medication-related harm: a geriatric syndrome. Age Ageing. 2019;49:7-11. doi: 10.1093/ageing/afz121.

10. Parekh N, Ali K, Stevenson, JM, et al, and on behalf of the PRIME study group. Incidence and cost of medication harm in older adults following hospital discharge: a multicentre prospective study in the UK. Br J Clin Pharmacol. 2018;84:1789–1797. doi: 10.1111/bcp.13613.

11. Jónsdóttir F, Blöndal AB, Guðmundsson A, et al. Potentially Inappropriate Medication Use and Polypharmacy Before and After Admission to Internal Medicine for Older Patients. Am J Med. 2024;137:1236-1245.e4. doi: 10.1016/j.amjmed.2024.07.026.

12. Wehling M, Burkhardt H, Kuhn-Thiel A, et al. VALFORTA: a randomised trial to validate the FORTA (Fit fOR The Aged) classification. Age Ageing. 2016;45:262-267. doi: 10.1093/ageing/afv200

13. Tarazona-Santabalbina FJ, Ojeda-Thies C, Figueroa Rodríguez J, et al. Orthogeriatric Management: Improvements in Outcomes during Hospital Admission Due to Hip Fracture. Int J Environ Res Public Health. 2021;18:3049. doi: 10.3390/ijerph18063049.

14. Hamaker M, Lund C, Te Molder M, et al. Geriatric assessment in the management of older patients with cancer - A systematic review (update). J Geriatr Oncol. 2022;13:761-777. doi: 10.1016/j.jgo.2022.04.008.

15. Cesari M, Thiyagarajan JA, Cherubini A, et al. Geriatric medicine across countries: specialised workforce, training and system integration challenges. J Frailty Aging. 2026;15:100152. doi: 10.1016/j.tjfa.2026.100152.

16. Morkisch N, Upegui-Arango LD, Cardona MI, et al. Components of the transitional care model (TCM) to reduce readmission in geriatric patients: a systematic review. BMC Geriatr. 2020;20:345. doi: 10.1186/s12877-020-01747-w.

MAIN COORDINATORS' TEAM (in alphabetical order):

Rui Buzaco Family Unit, Clínica CUF Estádio José de Alvalade, Lisbon, Portugal **Monserrat Conde** Nuffield Department of Primary Care Health Sciences, University of Oxford; Cochrane Global Ageing, UK **Sofia Duque** Internal Medicine Department, Hospital Cuf Descobertas, Lisboa; Nova Medical School, Lisboa. Portugal **Anne Wissendorff Ekdahl** Department of Clinical Sciences, Helsingborg Hospital, Faculty of Medicine, Lund University, Lund, Sweden **Meltem Koca** Department of Geriatric Medicine, Etlik City Hospital, Ankara, Türkiye **Marina Kotsani** Hellenic Society for the Study and Research of Ageing, Athens, Greece **Serdar Ozkok** Department of Internal Medicine, Division of Geriatrics, Istanbul University, Istanbul, Türkiye **Karolina Piotrowicz** Department of Internal Medicine and Gerontology, Jagiellonian University Medical College, Kraków, Poland **Maria Tampaki** Athens Chest Hospital 'Sotiria' and National and Kapodistrian University of Athens, Greece.

TASK & FINISH WORKING GROUP:
Additionally to the main coordinators (in alphabetical order)

Athanase Benetos University of Nancy, INSERM u1116, Nancy, France **Nenad Bogdanovic** Karolinska Institutet, Stockholm, Sweden **Sylvie Bonin-Guillaume** Aix Marseille University, University hospital of Marseille, France **Tahir Masud** Nottingham University Hospitals NHS Trust, UK **Ian Perera** Department of Internal Medicine and Gerontology, Jagiellonian University Medical College, Kraków, Poland (proofreading) **Mirko Petrovic** Ghent University, Ghent, Belgium **Maria Cristina Polidori** University Hospital of Cologne,Germany **Roman Romero-Ortuno** Trinity College Dublin, Ireland. **Tamar Yellon** Hebrew University of Jerusalem, Israel.

PROGRAMMING COST ACTION 21122

CIVIL SOCIETY HC EDUCATORS HC POLICYMAKERS

cost EUROPEAN COOPERATION IN SCIENCE & TECHNOLOGY
Funded by the European Union
EuGMS European Geriatric Medicine Society
Fostering geriatric medicine across Europe