

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

5130

EDUCATION IN CARE OF THE ELDERLY

Report on a Consultation

Thônex, Switzerland
5-8 November 1985



ICP/HEE 006/s01
3035V
ENGLISH ONLY
UNEDITED

1986

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Consultation on Education in Care of the Elderly

Motto: "It is in keeping with the educational policy of WHO to encourage the training of practitioners who will be willing and able to cope with health care of the ever increasing numbers of the elderly, both now and into the next century - as part of the Organization's goal of health for all by the year 2000."

These sentiments were expressed in the report of an international meeting on education and training in the health of the elderly, held in New York in July 1985.

1. Introduction

The Consultation on Education in Care of the Elderly, which took place in Thônex from 5-8 November 1985, was attended by seven temporary advisers and the WHO Secretariat. The meeting was opened by the late Professor J.P. Junod, Professor A. Svanborg was elected as Chairman and Professors J. Brocklehurst and I. Williams were elected as rapporteurs of the meeting.

The report consists principally of a series of proposed curricula, on which training for practitioners of various grades working with the elderly may be based.

A glossary of terms in the sense in which they are used in the report, is attached.

2. Integration

- Postgraduate training should be confined not only to the speciality of geriatric medicine, but should involve maximum integration with other disciplines involved in care of the elderly, both in institutions and in the community.
- To facilitate this, models of appropriate and interdisciplinary care should be provided early in the curriculum.
- Opportunities should be sought to develop the knowledge, skills and attitudes of all team members that are likely to be involved in teaching.
- The training should not only be interdisciplinary, but also involve the psychosocial, socioeconomic and biomedical aspects of care and of aging.

Other factors

- Academic centres specializing in gerontology are required for research and special teaching in graduate and postgraduate training, and particularly for an expansion of the knowledge base.
- The importance of developing positive attitudes to working with the elderly, and the ability to work in a health care team are prime objectives.
- WHO is committed to the stimulation of development of services for the elderly and rehabilitation for the community-based elderly.
- Postgraduate training should not simply be specialist training for physicians, nurses, etc., but also mid-career and refresher training for all professionals working in the field.
- In view of the rapid change in developments in these aspects of care for the elderly, there is a need for continuous updating, and this in turn requires the development of special resource centres.

Another necessary development is interfaculty cooperation and coordination in universities, bringing together disparate departments, all of which may have an interest in research and teaching concerning aging. The Institute of Gerontology in the University of Syracuse, USA, has provided an early model for this type of coordinated development, and other universities should be encouraged to set up an "institute" or "cooperative" on gerontology along similar lines. This would then serve as a source of both knowledge and research, and also of teaching through summer schools and through courses to be included in the curricula of first degrees.

The ultimate aim must be that all those involved professionally with the elderly should be knowledgeable about gerontology. These include not simply physicians, nurses, social workers, therapists and care assistants, but also housing managers, transport administrators, organizers of leisure and outdoor pursuits, officers in environmental and planning departments, those concerned with accident prevention, educators, treasurers, administrators and, indeed, politicians.

3. Attitudes about working with the elderly

Positive attitudes about working with the elderly, of course, stem from education from the very earliest years. It is thus important to develop suitable packages which can be used in schools and youth clubs as vehicles for promoting positive attitudes. Numbers of these educational packages are now available and it is appropriate that a resource centre should be created which can develop educational materials and disseminate knowledge about them. Apart from specific courses aimed at professional workers at different levels, teaching may also be disseminated widely among those already involved in care of the elderly (and indeed among lay carers and elderly people themselves) through the development of evening classes open to the general public. A model curriculum for such a course is described below.

It is recognized that attitudes will be affected by the excellence of the service which is provided; by the training of staff and their enjoyment of the work in which they are involved; in fostering good relations between community workers and those in hospital by persuading physicians and others that the practice of geriatric medicine is intellectually stimulating and produces a worthwhile and satisfying career; in influencing politicians and administrators; and in monitoring and correcting bad press and media coverage.

4. Curricula

4.1 Model curricula for the training of those professionally involved at various levels in care of the elderly

These model curricula are given in a hierarchy of increasing detail for workers at different levels. Each level adds to those preceding it. The curricula indicate the type of worker for whom each is suggested.

In general terms, curriculum under 4.2.1 sets out to provide a background for observation and referral at a basic level. Curriculum 4.2.2 is designed to give simple instructions in intervention. Curriculum 4.2.3 proceeds to knowledge allowing the recognition of morbidity among the elderly. Curriculum 4.2.4 is intended for nursing aides who have not had any professional nursing training (other than in-service training). Curriculum 4.2.5 is for practical nurses who have had at least one year's professional training. Curriculum 4.2.6 is intended for registered nurses, therapists and social workers with three or more years' training. Curriculum 4.2.7 is for general medical practitioners, and curriculum 4.2.8 for physicians specializing in geriatric medicine.

The location of teaching will depend on local circumstances and on the type of course which is being taught. Schools and adult education institutes will be the location for a great deal of this teaching. The Red Cross and other voluntary agencies may also provide facilities. Schools of nursing, physiotherapy and occupational therapy, postgraduate training centres for general practitioners and postgraduate deans in university departments of general practice, geriatric medicine and of nursing, and involved with institutes of gerontology, would also be appropriate bodies to take initiatives in developing these courses.

The responsibility lies with the appropriate authorities to set up courses of training. They are the initiators, the coordinators and the deliverers. In order to do this it will be necessary for them to train teachers, if instructors are not already available who are experienced in care of the elderly to the extent outlined in the various curricula.

4.2 The curriculum

Curricula 4.2.1, 4.2.2 and 4.2.3 are intended for workers with the elderly in areas where resources are limited. These will include villages and underdeveloped areas where professional helpers are not easily available.

4.2.1 Observation and referral

- Hygiene - domestic:
 - sewage
 - clean food
 - environmental temperature, etc.
- personal:
 - cleanliness
 - oral hygiene
 - chiropody
 - incontinence, etc.
- Nutrition:
 - diet
 - vitamins
 - fluids
- Mental wellbeing:
 - social contact/isolation
 - bereavement
 - drugs/alcohol
- Accident prevention:
 - environmental hazards
 - fire hazards
 - activation - exercise
 - referral awareness of appropriate agencies and resources

4.2.2 Intervention

- Basic nursing:
 - skin
 - incontinence
 - lifting
 - washing/bathing
- First aid:
 - falls
 - cuts
 - haemorrhage
 - burns, etc.
- Communication:
 - with old persons
 - record-keeping
 - with other carers
- Rehabilitation:
 - training in activities of daily living
 - aids (mobility, vision, hearing)

4.2.3 Recognition of morbidity

- Behavioural disturbance: - dementia
- depression
- delusions
- Balance problems: - falls, vision, etc.
- Mobility: - dangers of immobility
- use of aids
- Incontinence: - urine and faeces
- Breathlessness
- Pain
- Fever
- Weight loss

The purpose of this module is to ensure that the carer can recognize the more common forms of morbidity as they present, and to be alert to the need for referral when these are observed.

4.2.4 Nursing aides (the basic nurse with no professional training)

- Basic gerontology: - aware of aging as distinct from disease and of the functional consequences of aging
- sociobehavioural gerontology
- population trends
- provision of services
- effects of retirement
- Provision of care of the elderly: - the need for communication
- the place of the health care team
- Practical nursing

4.2.5 Practical nurse (with at least one year's professional training)

- Gerontology: - understanding social gerontology at a deeper level
- the effect of social contact, isolation, finance, demography, etc.
- Morbidity: - the effect of multiple pathology and of functional disabilities
- understanding the effects and implications of disease of the elderly
- acute infection
- heart failure
- chronic lung disease
- stroke
- osteoarthritis, etc.
- Types of care: - to understand the particular aspects of: rehabilitation, day care, long-term care and terminal care

4.2.6 Registered nurses, therapists and social workers (with three or more years' training; their nursing experience will be obtained in their professional training and to this is added the following curriculum. This curriculum is also appropriate to therapists and social workers.)

- Aging perspective in a life span context:
- historical
 - demographic
 - societal
 - psychological
 - care systems
 - ethics
 - communication
- Cellular aging:
- theories of aging - basic biological concepts
 - metabolic
 - immunological
- Organ and system aging:
- morphology
 - physiology
- Clinical problems:
- clinical reference values in diagnosis
 - pharmaco-kinetics - pharmaco-dynamics, compliance and prescribing
 - investigation criteria and problem oriented approach
 - multiple morbidity
 - atypical presentation of disease
 - major presenting problems - incontinence
 - falls
 - confusion
 - immobility
 - hearing and vision
 - mental illness and psychosexual problems
 - rehabilitation
 - terminal care
- Health maintenance:
- diet and exercise
 - case finding and early detection of incipient breakdown
 - problems of carers and old age abuse
 - social vulnerability; the relationship between social and medical problems
- Organization:
- team work - communication and continuity of care

4.2.7 General practitioners

Anticipatory care and early recognition of breakdown and disease

The differential nature of the medical consultation with the elderly and the need for adequate time for consultation and advice

4.2.8 Physicians specializing in geriatric medicine (their basic training will be in internal medicine with some experience of mental illness)

- Specialized knowledge:
- mental illness in old age
 - rehabilitation
 - long-term care
 - the whole field of clinical medicine in old age
- Management:
- day hospital
 - rehabilitation team
 - long-term care
 - care of younger disabled persons

Coordination - to be able to take part in and coordinate care of the elderly with the following:

- community services (general practitioner, social services, voluntary services)
- psychogeriatric services
- orthopaedic service
- stroke rehabilitation service

Health maintenance - to take a lead (with family medicine) in case finding and programmes aimed at ascertainment of unreported illness and prevention of dependency.

Societal planning:

- accident prevention
- environmental improvements
- initiatives in the voluntary and statutory sectors

Please note that Annex 3 contains detailed curricula developed and used in USSR for postgraduate training within five different branches of medicine.

4.2.9 Propose curriculum for an extramural course (for professionals working in the field of care of the elderly and for informed lay persons)

The course could be organized by extramural departments of universities or by adult education centres. The course might lead to a certificate.

The course is structured on eight evening sessions of two hours each in each of three terms for a total of 24 two-hour sessions.

Some general reading material would be proposed and participants encouraged to undertake some project work during the course of the year. This could receive the general supervision of the tutors.

The teachers could be drawn from a wide variety of faculties and departments.

The sessions would consist in general of one-hour lectures, and following a break a one-hour discussion/workshop.

The subjects suggested, together with some possible resource material are as follows:

First term

- History of aging.
- Demography in the country concerned and in the world; its implications now and in the future.
- Retirement as the entry to "old age"; the work in retirement; preparation for retirement.
- Psychology of aging - life satisfaction and the measures which may be used; the needs and aspirations of old people; achievement at various stages of the life cycle.
- Social relationships and the family.
- Biology of aging - definitions, philosophy and effects.
- Biology of aging - theories.
- Medical aspects of aging - multiple-pathology; the nature of breakdown in independent living; the problems of prescribing.

Second term

- The psychology of aging - measures of cognitive function, aging on memory aging and personality.
- Psychology of aging - sexuality; societies' view of the aged in advertising etc.
- Mental disorders of old age - depression, dementia, delusion.
- The problems of carers and old age abuse.
- Disorders of hearing and vision.
- Achievements of old people - in arts, sciences and philosophy; in management and learning abilities - the university of the third age.
- Dying, death and bereavement (Hinton).
- Voluntary organizations and their place in care of the elderly.

Third term

- Legislation affecting the elderly - retirement age, pensions, rights of power of attorney, court of protection, etc.
- Care of old people - social services, housing, residential homes, community services, the private sector.
- Care of old people - medical and geriatric services.
- Prevention and old age - screening, case finding.
- Special medical and nursing problems - incontinence.
- Special medical and nursing problems - falls and environmental hazards, accidents.
- Implications of long-term care.
- Ethics.

5. National experience

(summary of training programmes for medical and nursing practitioners involved in care of the elderly in several European countries)

5.1 United Kingdom

5.1.1 Medical education

All young doctors spend one year as interns following graduation, and are then registered. Thereafter, there are different training programmes, depending on whether the doctor's career is to be within general practice or within a hospital based specialty. For general practice, there is a three-year period of vocational training. Two years will be spent in a group of hospital departments which may include medicine, surgery, obstetrics, paediatrics, geriatrics. The third year is spent as a trainee within the general practice. Most of this is practical work within the community, but also usually includes one full day a week on a structured training, e.g. seminars, etc.

In hospital practice all doctors aspiring to medical specialties (including geriatric medicine) undergo a three- to four-year period of general professional training as senior house officers. This involves internal medicine and the specialties of medicine, including geriatrics. Towards the end of this period, the examination of Membership of the Royal College of Physicians must be obtained. The second period of training is vocational training within the specialty. For geriatrics, this may involve two years in general medicine and two years in geriatrics, or four years in geriatric medicine itself. This allows doctors to practise either jointly in general medicine and geriatrics, or as pure geriatricians.

Geriatric training requires attendance at two one-week courses - one in management and one in advanced clinical geriatrics. Otherwise, there are no mandatory requirements in attending lectures or structured teaching, although trainees do in fact participate in these. There is no exit examination.

For psychogeriatrics the training is similar - the general training being in general psychiatry, and the vocational training also mainly in general psychiatry, but with one year in psychogeriatrics.

In both general practice and hospital specialties, there is no structured continuing medical training, although most practitioners in all fields of medicine take part in postgraduate courses on a daily or weekly basis.

5.1.2 Nursing

The entry qualification is the state registered nurse (SRN). Following this, there are post-basic qualifications in geriatric nursing - two courses, one lasting six months and another two weeks. There is also a post-basic course in the promotion of continence and management of incontinence.

For community nurses, both those becoming practical (district) nurses and those becoming health visitors undergo a year's special training. Both are likely to include a relatively small amount of teaching in geriatrics and gerontology.

Therapists and social workers have almost no post-basic training in geriatric medicine.

5.2 USSR

There are institutes of advanced training, and it is required that every physician takes revision courses every five years, according to his specialty. At the present time, there are two such centres for training in geriatric medicine/gerontology. One is based on the Institute of Gerontology in Kiev, and has an academic staff of six. The second is the Institute of Advanced Training in Leningrad. They organize two-and-a-half month full-time courses in the institute, together with a series of one-month courses in other centres. At the present time, this involves several hundred doctors each year. It is anticipated that these physicians will, in turn, become teachers and be involved in education of others. The target groups are district doctors, and the doctors in clinics dealing with the elderly, etc.

In other medical specialties, the teaching of geriatrics and gerontology may be included, based on a UNICEF syllabus. The Institute of Gerontology in Kiev also runs a one-month course for teachers (including teachers of nursing). For details, please see Annex 3.

5.3 Geneva, Switzerland

Community geriatric care is based on geriatric centres (walk-in clinics staffed by physicians, whose major interest is geriatric medicine, and also by large number of trainees). These are physicians training in internal medicine and psychiatry. The geriatric centres are linked with day hospitals (geriatric and psychogeriatric) and with the geriatric hospitals. The training programme for young physicians occupies two years, and is taken up by about one-third of the medical graduates of Geneva each year.

It was noted that a large number of private practitioners also cared for the elderly, but there is no structured training for them.

5.4 Federal Republic of Germany

Postgraduate training is organized by the Chamber of Doctors. Postgraduate training is four to five years for general practice, internal medicine and specialists in medicine, but there is no special training in geriatrics. Psychiatrists, however, can train in psychogeriatrics.

There are 55 geriatric hospitals in the country, and the chiefs of these hospitals are all full-time geriatricians, but their training has been in internal medicine, followed by their own experience of the work in their hospitals. There is no training in geriatrics or gerontology for nurses or therapists.

The Chamber of Doctors is opposed to any further specialization within medicine.

5.5 Sweden

The postgraduate training for geriatric medicine is of the same length as for all other specialties within medicine, and includes the following:

Two years geriatric medicine
Two years internal medicine
six months psychiatry

There are also six courses, each lasting a week, of which four are compulsory. One of these is on normal aging. There is an examination associated with each course.

Training of general practitioners involves at least four months in geriatrics in the four-and-a-half years of training. During this time, a one-week long course in geriatric medicine is offered.

Trainees in internal medicine can include one year in geriatric medicine and some other specialties, e.g. psychiatry. Follow-up training can also include geriatric medicine in their postgraduate training courses for general practitioners and geriatricians.

5.6 Portugal

A tentative proposal for an interdisciplinary national seminar for personnel involved in care of the elderly has been prepared for Portugal. The full text of this model appears in Annex 2.

6. Conclusion

The consultation reviewed the present practices, and identified useful guidelines for the extensive area of postgraduate/postbasic training in care of the elderly.

It is believed that the material will be helpful to all those involved in this field.

Annex 1

GLOSSARY

(ad hoc - for the purpose of the meeting)

- Elderly Age 60 and over is consonant with European statistics at the present time, but does not reflect the uptake of services. However, in general, this is an appropriate age for present purposes.
- Aged 80 plus.
- Dependent elderly The sense in which this is used is the opposite to independent, i.e. needing assistance in activities of daily living provided by one or more people: synonym - frail.
- Primary health care The primary health care system is defined as that part of the health care system which offers open (direct) access to the population (i.e. people can use it without having consulted anybody but themselves). This term is usually concerned with an organization based on general (family) practitioners (or district physicians), but may be provided by a specialist in some countries, and will certainly include nurses, social workers, pharmacists and others.
- Institutional care This is to be distinguished from community care by the following points:
- (a) It is not in the patients' own homes;
 - (b) it usually involves communal living;
 - (c) it is usually age segregated
 - (d) the persons are dependent - often requiring nursing care.
- Community care This is carried on outside institutions - usually in the subject's own home.
- Long-term care This is generally care for longer than three months. It may take place either in institutions, or it may be long-term home care.
- Continuity of care A continuum of care for any individual. This may involve different agencies and then must be coordinated. Essentially, this is transmural care and problems arise particularly in the transfer of patients between institutions and the community.
- Special centres These would have resources for and responsibility for research and education. They would develop initiatives and promote the dissemination of knowledge and practice. The term leadership in relation to these centres was viewed with some concern, but it was agreed that there is a need for individual professionals to be initiators and innovators.
- Day care A service provided for part of the day and in a congregate setting to individuals who can benefit from care, but do not require institutionalization. Such a service may include observation, diagnosis and therapy, provision of meals, transport, rehabilitation, personal care, recreation and educational activities. Day care may be provided through a day hospital (geriatric, psychogeriatric etc.) or day centres, or luncheon clubs, etc.
- Psychogeriatrics This includes a specialty or special interest in the mental health of the elderly. Synonym - psychiatry.
- Health care centres A facility within primary health care. A group practice for doctors, nurses, therapists, social workers and others within primary care, which has an area responsibility. In certain cases, health care centres may be associated with nursing homes or other provision of beds.

- Nursing homes A form of long-term institutional care, which has nursing facilities. Other staffing may include physicians and therapists.
- Service houses Facilities providing a sheltered living environment in their own apartments for the residents. They may include such services as housekeeping, dining, social occupational activities. The common facilities may also be available to individuals living in the area. The home help service in the area may have an office and an organizer based here.
- Rehabilitation A process aimed at restoring or maintaining optimal independence in activities of daily living which is appropriate to the individual's environment.
- Terminal care Care of people where life expectancy is known to be limited to weeks or months. It may involve medical care, include relatives and others, and may take place at home or in institutions.

Annex 2

Tentative proposal for an interdisciplinary national seminar
for personnel involved in care of the elderly
(planned to take place in Portugal in 1987)

Background

The population of Portugal at the present time is 10 million, expected to rise to 11.5 million by the year 2000; 11.9% are aged 65 years and over (1.2 million).

Ten percent of the total population are regarded as disabled and two-thirds of these are over 65 years.

At the present time, persons aged 65 years and over are involved in institutional establishments in the following numbers:

- 50% of beds in local hospitals
- 25% of beds in central and district hospitals
- 85% of beds in nursing homes
- 17% of beds in psychiatric hospitals
- 15% of beds in specialized hospitals.

It was thought that these figures were not substantially different from those in other countries, and more important would be to know the medium length of stay.

It appears that there are few domiciliary services at the present time. One proposal is that 70 000 home helps should be appointed during 1985.

A proposal by Professor A. Correia de Campos, entitled integrated health care system, was then considered.

The following points are made in this document.

- There is too much on hospital care - one third of all deaths occur in hospitals. This has increased from 18% ten years ago. Nevertheless, it is only half of the number of deaths occurring in hospitals in other countries in Europe.
- In general, the environment of these various hospitals is inappropriate to old people if they need medium-term or long-term care, and the cost is three to ten times greater than would be the case in long-term care institutions.
- The need for changing attitudes among physicians and health carers was emphasized and the importance of considering this in their education stated.
- One method, proposed by the author, of meeting the problems which he described was the issue of a document to every old person, including on it an assessment of their mental and functional abilities, and the use of these by various care providers, to decide whom they would select for their attention. It was thought that this might give an indication of the present requirement and might lead to some basis for future planning. Disability would be assessed using the Guttman scale.
- It was noted that the health and social services are separate in Portugal.
- In planning a seminar, it was proposed that factual information should be provided by experts (including some countries outside Portugal). The seminar should then divide into small discussion groups, each to be provided with a monitor, who would consider the particular problems discussed in detail and, in particular, the way in which they related to the workers' own situation. A plenary session would then follow in which each group should report back, and on the basis of these reports a panel of experts, including local policy-makers, would comment on their findings and proposals and draw their conclusions on the practical implications at the end of each day. On the final day of the seminar, all of these proposals would be presented in a final summing up and some form of action determined.

Structure of the seminar

It is proposed that this five-day seminar should be structured in a way that allows a number of overseas experts to introduce ideas and factual material, but that there should be maximal audience participation. Each day would therefore start with a plenary session in which two or three lectures would be given, with maximum use of visual aids. These would be followed by discussion groups in which the participants would divide into a series of groups of no more than 20 persons. Each group would have a monitor who would need to be briefed beforehand as to the structure of the discussions that should ensue. The objective would be to get each group to identify three problems and solutions from the material presented in the morning, and based on their own situations in the work in Portugal. The third session would be a reporting back, and this would be followed by a panel discussion of the problems and solutions offered. The panel would include both the overseas experts and also a group of Portuguese policy-makers.

On this basis, the suggested programme for the five days is as follows.

Day 1 The effects of aging

Functioning, dependency, social environment, physical environment and housing, and psychological effects. How these all contribute to breakdown and ways in which they may be prevented or otherwise dealt with. This may involve ideas about health teams and the role of health maintenance.

Organization of services in Portugal in a demographic content

This lecture would be given by a Portuguese authority for the purpose of illustrating the current situation of aging in Portugal, and the related problems.

Day 2 Mental health

Major causes and presentation of mental disorder in the elderly.
Management and prevention of mental disorder.

Day 3 Nursing and rehabilitation

Consideration of hygiene, both environmental and personal, and the problems of incontinence. Nutrition, clean food, etc. Activation and the place and need for rehabilitation. The assessment of disability, the promotion of independence and the prevention of deterioration. The use of aids and simple techniques. Some particular information about rehabilitation in relation to strokes, arthritis and sensory loss.

Day 4 Education

The various grades of helpers and staff available to promote care of the elderly and their educational needs.

A presentation of the WHO curricula and their relevance to the different types of workers (the curricula should be distributed). A discussion of educational methods, including some illustrations by video tape which should be made in Portugal, possibly through Portuguese television service, or through geriatric or social departments within a university.

Other resources needed on how to implement these education programmes in Portugal.

Day 5 Planning for the future

This would be a series of presentations by Portuguese authorities and policy-makers. They would take into consideration the discussions of the previous four days and they would propose solutions under major headings:

Societal
Health care
Nursing and rehabilitation
Education

These proposals would then be discussed by the groups and the final discussion including the experts and the Portuguese authorities would come to conclusions on the outcome of group discussions. These conclusions may indicate practical ways of moving further towards meeting the problems of the aging population in Portugal.

Annex 3

CURRICULA DEVELOPED AND USED IN THE USSR FOR POSTGRADUATE TRAINING
WITHIN FIVE DIFFERENT BRANCHES OF MEDICINE

CURRICULUM

of the cycle of thematic advanced training(TAT₁)

GERONTOLOGY AND GERIATRICS

for heads of geriatric rooms, heads and physicians of therapeutic departments of hospitals, out-patient departments, medico-sanitary units, war invalids hospitals, physicians working for homes for the elderly.

Duration of training - 2.5 mo (390 hrs)

Purpose of the cycle: Study of theoretical fundamentals of gerontology and geriatrics, social gerontology and organization of geriatric services in the USSR. Theoretical study of age-related regularities of etiology and pathogenesis of internal diseases in the elderly. Study of peculiarities of their clinical course, management of practical skills for identification of internal diseases in geriatric patients. Acquaintance with diseases of other systems that are common in old age.

Code and titles of courses and chapters	No. of training hours			
	Lec- tures	Practical training	Seminars	To- tal
1	2	3	4	5
1. <u>Fundamental of social hygiene and organization of geriatric services in the USSR. Medical ethics and deontology</u>	8	-	2	10
1.1. Socio-hygienic, sociological and demographic problems of old age and aging	4	-	-	4
1.2. Organization of curative-preventive services for senior population	2	-	-	2
1.3. Medical psychology. Medical ethics and deontology in geriatrics	2	-	2	4
2. <u>Theoretical fundamentals of gerontology and geriatrics</u>	10	-	-	10
2.1. Pathways of shaping in the home natural science of ideas about the essence of aging. The relation of modern gerontological concepts with them.	2	-	-	2
2.2. Morphological changes during aging	2	-	-	2
2.3. Functional changes during aging	2	-	-	2
2.4. General regularities of regulation of metabolism and energy during aging	2	-	-	2

	1	2	3	4	5
2.5. Age-related peculiarities of immune response		2	-	-	2
3. <u>Age-related physiology of organism's functional systems</u>		12	8	4	24
3.1. Age-related changes of cardiovascular system		2	2	2	6
3.2. Age-related changes of respiratory system		2	2	-	4
3.3. Age-related changes of digestive system		2	-	-	2
3.4. Age-related changes of urinary system		1	2	-	3
3.5. Age-related changes of blood system		2	-	-	2
3.6. Age-related changes of endocrine system		1	-	-	1
3.7. Age-related changes of nervous system		-	2	-	2
3.10. Age-related changes of skin and its adventives		2	-	-	2
3.11. Age-related changes of locomotor apparatus		-	-	2	2
4. <u>Fundamentals of preventive geriatrics</u>		7	-	4	11
4.1. Conditions and mode of life of population of pre- and retirement age		1	-	-	1
4.2. Physiology and hygiene of nutrition of the elderly		2	-	-	2
4.3. Gerohygiene of labour as professional gerontology		2	-	-	2
4.4. Geropsychohygiene		-	-	2	2
4.5. Motor regimen in adult and old age		-	-	2	2
4.6. Drugs for prevention of premature aging		2	-	-	2
5. <u>Fundamentals of curative geriatrics</u>		4	4	12	20
5.1. Aging and diseases		-	-	1	1
5.2. Peculiarities of geriatric pharmacology and pharmacotherapy		2	-	-	2
5.3. Physiotherapy and spas in geriatrics		-	-	2	2
5.4. Curative gymnastics in geriatrics		-	-	2	2

	1	2	3	4	5
5.5. Psychotherapy in geriatrics	-	-	-	2	2
5.6. Rehabilitative therapy in geriatrics	-	-	2	4	3
5.7. Diet therapy in geriatrics	-	-	-	2	2
5.8. Peculiarities of care for geriatric patient	-	-	-	2	2
5.9. Intensive care and reevaluation in geriatrics	2	2	-	-	4
<u>6. Diseases of internal organs in the elderly</u>	<u>62</u>	<u>140</u>		<u>24</u>	<u>226</u>
6.1. Peculiarities of cardiovascular diseases	22	50		6	78
6.2. Peculiarities of respiratory diseases	12	28		6	46
6.3. Peculiarities of digestive diseases	10	24		4	38
6.4. Peculiarities of renal diseases	6	18		2	26
6.5. Peculiarities of diseases of blood-forming system	4	6		2	12
6.6. Peculiarities of endocrine diseases	4	8		2	14
6.7. Peculiarities of metabolic diseases	2	4		-	6
6.8. Tuberculosis in the elderly	2	2		2	6
<u>7. Neural disease in the elderly</u>	<u>2</u>	<u>2</u>		<u>2</u>	<u>6</u>
7.1. Peculiarities of vascular diseases of brain and spinal cord	2	2		2	6
<u>8. Psychic diseases in the elderly</u>	<u>2</u>	<u>-</u>		<u>2</u>	<u>4</u>
8.5. Functional psychoses of involutionary period	1	-		-	1
8.6. Psychic disorders at atrophic processes in the brain	-	-		2	2
8.7. Psychic disorders at cerebrovascular diseases	1	-		-	1
<u>9. Geriatric surgery, orthopedics, oncology</u>	<u>7</u>	<u>2</u>		<u>4</u>	<u>13</u>
9.1. Urgent surgery in old age	2	-		-	2
9.2. Surgical treatment of diseases in old age	-	-		2	2
9.3. Problems of neurosurgery in geriatrics	-	-		2	2
9.4. Suppurative infection in geriatric surgery	2	-		-	2

	1	2	3	4	5
9.5. Diseases of locomotor apparatus in the elderly		2	2	-	4
9.7. Geriatric oncology		1	-	-	1
10. <u>Diseases of other systems in the elderly</u>		2	4-	10	12
10.1. Peculiarities of eye diseases		-	-	2	2
10.2. Peculiarities of ororhinolaryngological diseases		2	-	-	2
10.3. Urological diseases in old age		-	-	2	2
10.4. Gynecological diseases in old age		-	-	2	2
10.5. Peculiarities of skin diseases, venereal diseases		-	-	2	2
10.6. Peculiarities of diseases of mouth and teeth		-	-	2	2
Examination		-	-	6	6
TOTAL:		116	156	70	342
II. Additional programs:		26	20	2	48
TOTAL		142	176	72	390

CURRICULUM

of the cycle of thematic advanced training (TAT₂)

GERONTOLOGY AND GERIATRICS

for district physicians

Duration of training - 1 month (156 hrs)

Purpose of the cycle: Study of theoretical fundamentals of gerontology and geriatrics, social gerontology and organization of geriatric services in the USSR; theoretical study of age-related peculiarities of etiology and pathogenesis of internal diseases in the elderly. Study of peculiarities of their clinical course, management of practical skills for identification of internal diseases in geriatric patients. Acquaintance with diseases of other systems that are common in old age.

Code and titles of courses and chapters	No. of training hours			
	Lec- tures	Practical training	Seminars	To- tal
	2	3	4	5
1. <u>Fundamentals of social hygiene and organization of geriatric services in the USSR. Medical ethics and Deontology</u>	6	-	-	6
1.1. Socio-hygienic, sociological and demographic problems of old age and ageing	2	-	-	2
1.2. Organization of curative-preventive services for senior population	2	-	-	2
1.3. Medical psychology. Medical ethics and deontology in geriatrics.	2	-	-	2
2. <u>Theoretical fundamentals of gerontology and geriatrics</u>	4	-	-	4
2.3. Functional changes during aging	2	-	-	2
2.4. General regularities of regulation of metabolism and energy during aging	1	-	-	1
2.5. Age-related peculiarities of immune response	1	-	-	1
3. <u>Age-related physiology of organism's functional systems</u>	8	6	2	16
3.1. Age-related changes of cardio-vascular system	2	2	-	4
3.2. Age-related changes of respiratory system	2	-	-	2

	1	2	3	4	5
3.3. Age-related changes of digestive system		2	-	-	2
3.4. Age-related changes of urinary system		1	2	-	3
3.6. Age-related changes of endocrine system		1	-	-	1
3.7. Age-related changes of nervous system		-	2	-	2
3.11. Age-related changes of locomotor apparatus		4	-	-	4
4. <u>Fundamental of preventive geriatrics</u>		4	-	-	4
4.2. Physiology and hygiene of nutrition of the elderly		2	-	-	2
4.6. Drugs in prevention of premature aging		2	-	-	2
5. <u>Fundamentals of curative geriatrics</u>		4	-	6	10
5.2. Peculiarities of geriatric pharmacology and pharmacotherapy		1	-	-	1
5.3. Physiotherapy and spas in geriatrics		1	-	-	1
5.4. Curative gymnastics in geriatrics		-	-	1	1
5.5. Psychotherapy in geriatrics		-	-	1	1
5.6. Rehabilitative therapy in geriatrics		-	-	1	1
5.7. Diet therapy in geriatrics		-	-	1	1
5.8. Peculiarities of care for geriatric patient		-	-	2	2
5.9. Intensive care and reeducation in geriatrics		2	-	-	2
6. <u>Diseases of internal organs in the elderly</u>		30	48	16	94
6.1. Peculiarities of cardiovascular diseases		8	18	4	30
6.2. Peculiarities of respiratory diseases		6	14	4	24
6.3. Peculiarities of digestive diseases		6	8	-	14
6.4. Peculiarities of renal diseases		4	6	2	12
6.5. Peculiarities of diseases of blood-forming system		2	-	2	4
6.6. Peculiarities of endocrine diseases		2	-	2	4

	1	2	3	4	5
6.7. Tuberculosis in elderly and old age		2	2	2	6
7. <u>Neural diseases in the elderly</u>		2	2	-	4
7.1. Peculiarities of vascular diseases of brain and spinal cord		2	2	-	4
8. <u>Psychiatric disorders in the elderly</u>		1	-	-	1
8.7. Psychic disorders at cerebrovascular diseases		1	-	-	1
9. <u>Geriatric surgery, orthopedics, oncology</u>	3	-	-	2	5
9.2. Surgical treatment of diseases in old age-		-	-	2	2
9.5. Diseases of locomotor apparatus in the elderly		2	-	-	2
9.7. Geriatric oncology		1	-	-	1
10. <u>Diseases of other systems in the elderly</u>	-	-	-	6	6
10.1. Peculiarities of eye diseases		-	-	2	2
10.3. Urological diseases in old age		-	-	2	2
10.4. Gynecological diseases in old age		-	-	2	2
Examination		-	-	6	6
TOTAL:		62	56	38	156

CURRICULUM

of the cycle of thematic advanced training (TAT₃)

GERIATRIC NEUROLOGY

for heads and physicians of Departments of Neurology of hospitals, out-patient departments, dispensaries, medical and sanitary units, hospitals for War Veterans, Ministry of Social Welfare, Ministry of Railways.

Duration of training - 1 month (156 hrs)

Purpose of the cycle: Study of theoretical fundamentals of gerontology and geriatrics, social gerontology and organization of geriatric services in the USSR; theoretical study of age-related peculiarities of etiology and pathogenesis of neurological diseases in the elderly and old patients. Study of peculiarities of their clinical course, management of practical skills for identification of neurological diseases in geriatric patients, peculiarities of their treatment, prevention, rehabilitation. Acquaintance with frequently accompanying pathology.

Code and titles of courses and chapters	No. of training hours			
	Lec- tures	Practical training	Seminars	To- tal
1	2	3	4	5
1. <u>Fundamentals of social hygiene and organization of geriatric services in the USSR. Medical ethics and deontology</u>	4	-	-	4
1.1. Socio-hygienic, sociological and demographic problems of old age and aging	1	-	-	1
1.2. Organization of curative-preventive services for senior population	1	-	-	1
1.3. Medical psychology. Medical ethics and deontology in geriatrics.	2	-	-	2
2. <u>Theoretical fundamentals of gerontology and geriatrics</u>	5	-	-	5
2.1. Pathways for shaping the ideas about the essence of aging in the home natural science. Their relationship with gerontological concepts	1	-	-	1
2.2. Morphological changes in aging	1	-	-	1
2.3. Functional changes in aging	1	-	-	1
2.4. General regularities of regulation of metabolism and energy in aging	1	-	-	1

	1	2	3	4	5
2.5. Age-related changes in the immune response		1	-	-	1
3. <u>Age-related physiology of organism's functional systems</u>		4	4	2	10
3.6. Age-related peculiarities of endocrine system		-	-	2	2
3.7. Age-related peculiarities of nervous system		2	2	-	4
3.11. Age-related changes of locomotor apparatus		2	2	-	4
4. <u>Fundamentals of preventive geriatrics</u>		1	-	3	4
4.2. Physiology and hygiene of diet of the elderly		-	-	1	1
4.4. Geropsychohygiene		-	-	1	1
4.5. Motor regimen in adulthood and old age		-	-	1	1
4.6. Drugs in prevention of premature aging		1	-	-	1
5. <u>Fundamentals of curative geriatrics</u>		1	1	6	8
5.2. Fundamentals of geriatric pharmacology and pharmacotherapy		1	-	-	1
5.3. Physiotherapy of spas in geriatric practice		-	-	1	1
5.4. Curative gymnastics in geriatrics		-	-	1	1
5.5. Psychotherapy in geriatrics		-	-	1	1
5.6. Rehabilitation in geriatrics		-	-	1	1
5.7. Dietotherapy in geriatrics		-	-	1	1
5.8. Peculiarities of care after geriatric patients		-	1	-	1
5.9. Intensive therapy and reeducation in geriatrics		-	-	1	1
6. <u>Diseases of internal organs in the elderly</u>		-	1	2	3
6.1. Peculiarities of cardio-vascular diseases		-	-	1	1
6.2. Peculiarities of respiratory diseases		-	-	1	1
6.3. Peculiarities of digestive diseases		-	1	-	1
7. <u>Neural diseases in the elderly</u>		44	50	10	104
7.1. Peculiarities of vascular diseases of brain and spinal cord		18	28	6	52

	1	2	3	4	5
7.2. Peculiarities of infectious and allergic diseases of the brain and spinal cord	8	14	2	24	
7.3. Diseases of the autonomic nervous system	6	-	-	6	
7.4. Closed traumas of brain and spinal cord	4	-	-	4	
7.5. Peculiarities of other chronic progressing diseases of the nervous system	6	8	2	16	
7.6. Medical assessment of working capacity in neural diseases	2	-	-	2	
8. <u>Mental disorders in the elderly</u>	2	4	4	10	
8.1. Peculiarities of psychopathological syndromes in old age	-	1	-	1	
8.2. Psychogenia (reactions, neuroses, reactive psychoses) in the elderly	-	-	1	1	
8.4. Epilepsy in later years	-	-	2	2	
8.6. Psychic disorders in atrophic processes of the brain	2	1	-	3	
8.7. Psychic disorders in vascular diseases of the brain	-	2	1	3	
10. <u>Diseases of other systems in elderly AND OLD SUBJECTS</u>	2	-	-	2	
10.2. Peculiarities of laryngological diseases					
Exams	-	-	6	6	
TOTAL:	63	60	33	156	

CURRICULUM

of the cycle of thematic advanced training (TAT₄)

GERIATRIC PSYCHIATRY

for heads and physicians of psychiatric, narcological departments of hospitals, War Veterans hospitals, dispensaries, medical and sanitary units, out-patient departments, Ministry of Social Welfare, Ministry of Railways

Duration of training - 1 month (156 hrs)

Purpose of the cycle: Study of theoretical fundamentals of gerontology and geriatrics, social gerontology and organization of geriatric services in the USSR. Theoretical study of age regularities of etiology and pathogenesis of psychic diseases in the elderly. Study of peculiarities of their course in old age. Management of practical skills for identification of psychic diseases in geriatric patients, peculiarities of their treatment, prevention, and rehabilitation.

Code and title of courses and chapters	No. of training hours			
	Lec- tures	Practical training	Seminars	To- ta-
1	2	3	4	5
1. <u>Fundamentals of social hygiene and organization of geriatric services in the USSR. Medical ethics and deontology</u>	4	-	-	4
1.1. Socio-hygienic, sociological and demographic problems of old age and aging	1	-	-	1
1.2. Organization of curative-preventive services of elderly and old persons	1	-	-	1
1.3. Medical psychology. Medical ethics and deontology in geriatrics	2	-	-	2
2. <u>Theoretical fundamentals of gerontology and geriatrics</u>	4	2	-	6
2.1. Pathways for shaping the ideas about essence of aging in the home natural science. Their relationship with gerontological concepts	2	-	-	2
2.4. General regularities of regulation of metabolism and energy in aging	1	1	-	2
2.5. Age peculiarities of immune response	1	1	-	2
3. <u>Age-related physiology of organism's functional systems</u>	4	4	2	10
3.6. Age-related changes of the endocrine system	2	2	-	4
3.7. Age-related changes of the nervous system	2	2	2	6

	1	2	3	4	5
4. <u>Fundamentals of preventive geriatrics</u>	2	-		4	6
4.2. Physiology and hygiene of nutrition of the elderly	-	-		1	1
4.4. Geropsychohygiene	-	-		2	2
4.5. Motor regimen in elderly and old age	-	-		1	1
4.6. Drugs in prevention of premature aging	2	-		-	2
5. <u>Fundamentals of curative geriatrics</u>	2	6		4	12
5.2. Peculiarities of geriatric pharmacology and pharmacotherapy	2	-		-	2
5.4. Curative gymnastics in geriatrics	-	-		1	1
5.5. Psychotherapy in geriatrics	-	2		2	4
5.6. Rehabilitative therapy in geriatrics	-	2		-	2
5.7. Dietotherapy in geriatrics	-	-		1	1
5.8. Peculiarities of care for geriatric patients	-	1		-	1
5.9. Intensive care and recessitation in geriatrics	-	1		-	1
6. <u>Diseases of internal organs in elderly and old subjects</u>	2	2		4	8
6.1. Peculiarities of cardio-vascular diseases	-	-		2	2
6.2. Peculiarities of respiratory diseases	-	-		1	1
6.6. Peculiarities of endocrine diseases	2	2		1	5
7. <u>Diseases of nervous system in elderly and old persons</u>	2	6		2	10
7.1. Peculiarities of vascular diseases of brain and spinal cord	2	6		2	10
8. <u>Psychic diseases in elderly and old persons</u>	34	44		16	94
8.1. Peculiarities of psychopathological syndromes in old age	4	4		-	8
8.2. Psychogenia (reactions, neuroses, reactive psychoses) in the elderly	4	4		2	10
8.3. Psychopathia and other personality changes in the elderly	2	4		-	6
8.4. Epilepsy in later years	2	2		2	6
8.5. Functional psychoses of involutionary period	2	2		2	6
8.6. Psychic disorders in atrophic processes of the brain	8	12		4	24

	1	2	3	4	5
8.7. Psychic disorders in vascular diseases of the brain		6	8	4	18
8.8. Endogenic psychoses (schizophrenia, maniac-depressive psychosis) in later years		4	4	2	10
8.9. Exogenic-organic and somatogenic psychoses	2		4	-	6
Exams		-	-	6	6
TOTAL		54	64	38	156

CURRICULUM

of the cycle of thematic advanced training (TAT₅)

GERIATRIC SURGERY

for heads and physicians of surgical departments of hospitals,
out-patient departments, medice-sanitary units

Duration of training - 1 month (156 hrs)

Purpose of the cycle: Study of theoretical fundamentals of gerontology and geriatrics, social gerontology and organization of geriatrics services in the USSR. Theoretical study of age peculiarities of etiology and pathogenesis of surgical diseases in the elderly. Study of peculiarities of their clinical course in old age. Management of practical skills for identification of surgical diseases in geriatric patients, peculiarities of their treatment, prevention and rehabilitation of patients. Introduction to frequently accompanying pathologies

Code and title of courses and chapters	No. of training hours			
	Lec- tures	Practical training	Seminars	To- tal
1	2	3	4	5
1. <u>Fundamentals of social hygiene and organization of geriatric services in the USSR. Medical ethics and deontology.</u>	4	-	-	4
1.1. Socio-hygienic, sociological and demographic problems of old age and aging	1	-	-	1
1.2. Organization of curative-preventive services for elderly and old persons	1	-	-	1
1.3. Medical psychology. Medical ethics and deontology in geriatrics	2	-	-	2
2. <u>Theoretical fundamentals of gerontology and geriatrics</u>	2	-	-	2
2.5. Age peculiarities of immune response	2	-	-	2
3. <u>Age physiology of organism's functional systems</u>	-	-	2	2
3.1. Age-related changes of cardio-vascular system	-	-	1	1
3.11. Age-related changes of loco-motor apparatus	-	-	1	1
4. <u>Fundamentals of preventive geriatrics</u>	2	-	-	2
4.6. Drugs in prevention of premature aging	2	-	-	2
5. <u>Fundamentals of curative geriatrics</u>	6	-	2	8

	1	2	3	4	5
5.2. Peculiarities of geriatric pharmacology and pharmacotherapy		2	-	-	2
5.6. Rehabilitative therapy in geriatrics		1	-	-	1
5.7. Dietotherapy in geriatrics		1	-	-	1
5.8. Peculiarities of care after geriatric patients		-	-	2	2
5.9. Intensive care and reevaluation in geriatrics		2	-	-	2
6. <u>Diseases of internal organs in elderly and old persons</u>		-	2	-	2
6.1. Peculiarities of cardio-vascular diseases		-	4	-	1
6.3. Peculiarities of digestive diseases		-	1	-	1
7. <u>Diseases of nervous system in elderly and old persons</u>		-	3	-	3
7.1. Peculiarities of vascular diseases of brain and spinal cord		-	1	-	1
7.4. Closed traumas of the brain and spinal cord		-	2	-	2
9. <u>Geriatric surgery, orthopedics, oncology</u>	41		64	22	127
9.1. Urgent surgery in old age		10	12	8	30
9.2. Surgical treatment of diseases in old age		12	22	4	38
9.3. Problems of neurosurgery in geriatrics		2	2	2	6
9.4. Suppurative infection in geriatric surgery		8	12	6	26
9.5. Diseases of loco-motor apparatus in elderly and old persons		3	4	-	7
9.6. Traumas and urgent diseases of urinary organs		2	2	2	6
9.7. Geriatric oncology		4	10	2	14
Exams		-	-	6	6
TOTAL:		55	69	32	156

CURRICULUM

of the cycle of thematic advanced training (TAT₆)

GERIATRIC UROLOGY

for heads and physicians of urological departments of hospitals, out-patient departments, medico-sanitary units

Duration of training - 1 month (156 hrs)

Purpose of the cycle: Study of theoretical fundamentals of gerontology and geriatrics, social gerontology and organization of geriatric services in the USSR. Theoretical study of age peculiarities of etiology and pathogenesis of urological diseases in the elderly. Study of peculiarities of their clinical course in old age. Management of practical skills for identification of urological diseases in geriatric patients, peculiarities of their treatment, prevention and rehabilitation of patients.

Code and title of courses and chapters	No. of training hours			
	Lec- tures	Practical training	Seminars	To- tal
1	2	3	4	5
1. <u>Fundamentals of social hygiene and organization of geriatric services in the USSR. Medical ethics and deontology</u>	4	-	-	4
1.1. Socio-hygienic, sociological and demographic problems of old age and aging	1	-	-	1
1.2. Organization of curative-preventive services for senior population.	1	-	-	1
1.3. Medical psychology. Medical ethics and deontology in geriatrics.	2	-	-	2
2. <u>Theoretical fundamentals of gerontology and geriatrics</u>	4	-	-	4
2.1. Pathways for shaping the ideas about essence of aging in the home natural science. Their relationship with gerontological concepts.	2	-	-	2
2.5. Age-related peculiarities of immune response	2	-	-	2
3. <u>Age-related physiology of organism's functional systems</u>	2	2	2	6
3.4. Age-related changes of urinary system	2	2	2	6
4. <u>Fundamentals of preventive geriatrics</u>	3	-	2	5
4.2. Physiology and hygiene of nutrition of the elderly	1	-	1	2
4.5. Motor activity in adult and old age	-	-	1	1
4.6. Drugs in prevention of premature aging	2	-	-	2

	1	2	3	4	5
5. <u>Fundamentals of curative geriatrics</u>		4	2	7	13
5.2. Peculiarities of geriatric pharmacology and pharmacotherapy		2	-	-	2
5.5. Physiotherapy and spas in geriatrics		-	-	2	2
5.6. Rehabilitative therapy in geriatrics		-	-	2	2
5.7. Dietotherapy in geriatrics		-	-	1	1
5.8. Peculiarities of care after elderly and old patients		2	-	-	2
5.9. Intensive care and reevaluation in geriatrics		-	2	2	4
6. <u>Diseases of internal organs in elderly and old persons</u>		12	18	10	40
6.1. Peculiarities of cardio-vascular diseases		-	-	1	1
6.2. Peculiarities of respiratory diseases		-	-	1	1
6.3. Peculiarities of digestive diseases		-	-	1	1
6.4. Peculiarities of renal diseases		10	14	4	28
6.6. Peculiarities of endocrine diseases		-	-	1	1
6.8. Tuberculosis in elderly and old age		2	4	2	8
9. <u>Geriatric surgery, orthopedics, oncology</u>		4	4	4	12
9.1. Urgent surgery in old age		2	-	2	4
9.6. Traumas and urgent diseases of urinary system		-	2	-	2
9.7. Geriatric oncology		2	2	2	6
10. <u>Diseases of other systems in elderly and old persons</u>		24	36	6	66
10.3. Urological diseases in old age		22	36	6	64
10.5. Peculiarities of skin diseases, venereal diseases		2	-	-	2
Exams		-	-	6	6
TOTAL:		57	62	37	156

Annex 4

LIST OF PARTICIPANTS

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