Welcome to the first issue of this journal and the Gerontology section. Gerontology is the study of the social, psychological, cognitive, and biological aspects of aging with a goal to understand aging processes and to promote successful aging. Papers published in this section will provide the most recent information about research results concerning these goals.

Gerontologists seek to define what differentiates usual from successful aging in order to design effective strategies and interventions to protect health and well-being during aging. Results of gerontological research are used to improve policies and programs that have both the macroscopic (for example, government planning) and microscopic scales (for example, running a nursing home). Successful aging may be compromised by diseases that decrease functional ability of a person. Gerontology does not study treatment of these diseases, that is the realm of geriatrics. Gerontology is interested in providing tools for maintaining quality of life of the person with the disease and his/her family despite this disease.

Dementia is the best example of how gerontological research can improve the quality of life of an elderly individual. Dementia is most often due to three progressive neurodegenerative diseases: Alzheimer’s disease, dementia with Lewy bodies, and fronto-temporal degeneration. There is no effective treatment that would cure or stop progression of these diseases. Another common cause of dementia is cerebrovascular disease that can be to some degree prevented but also does not have effective treatment when present. Geriatric knowledge is important for treatment of chronic or intercurrent diseases in persons with dementia but provides little help in management of consequences of functional impairment caused by dementia. Thus, gerontology is uniquely important for development of strategies that would maintain quality of life of persons with dementia and his/her family.

Gerontological research addressed many aspects of dementia care. I will only provide some examples of these contributions. Communication is affected early in the course of dementia and this has to be considered during sharing of diagnosis and other health information. Patient-companion-professional communication in dementia care raises various ethical questions: how to strike a balance between different communicative needs of patients and companions; clarity versus sensitivity in delivery of the diagnosis; and whether to minimize or expose interactional difficulties and misunderstanding to enrich patient understanding and involvement [1]. Regarding advance care planning discussions, it was recommended that the optimal timing of the discussion should be determined by the readiness of the patient and family carer to face the end of life. Advance care planning discussions can be enhanced by educational strategies directed towards the patient and family carer that enable shared decision-making with their general practitioner when considering options in future care [2].

Support for family caregivers of persons with dementia is an important issue because lack of support may lead to caregiver burnout and premature institutionalization. It was shown that providing support for family caregivers delayed institutionalization as much as treatment with cholinesterase inhibitors [3] and also decreased symptoms of depression and increased perceptions of overall quality of life over a 3-year period in comparison to control caregivers [4].
One of the most disturbing aspects of dementia care is presence of behavioral symptoms of dementia and especially rejection of care, because it can lead to combative behaviors [5]. Gerontological research have shown that this behavior happens mainly because a person with dementia does not understand intentions of the caregiver and defend himself/herself from unwanted attention [6]. Therefore, improving communication and changing care strategies may prevent this behavior without need for administration of a medication. Another behavioral symptom of dementia is agitation that often results from boredom and isolation of the person with dementia [7]. Therefore, providing meaningful activities is the best strategy for management of this symptom [8].

Gerontological research also documented that quality of life could be maintained even in persons with advanced dementia. A unique program of care for these persons, called Namaste Care, combines group activities in a pleasant environment with hand and feet massages provided with a loving touch [9]. This program was shown to increase quality of life in persons with advanced dementia [10] and to decrease need for psychoactive medications [11]. This program also decreased behavioral symptoms of dementia [12] and especially rejection of care. This beneficial effect is mediated by loving touch provided to persons with dementia during day-time activities that is making them more used to touch needed during care [10].

These examples are showing broad scope and multidisciplinary nature of gerontological research. We hope that research publications that will be published in this Journal will greatly contribute to research in this field and promote successful aging.

References

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