



## Editorial

# Geriatrics and Care of the Elderly in the Middle East and Africa: Challenges and Opportunities!

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“Knowing is not enough; we must apply. Willing is not enough; we must do.”

Goethe

The world's population is aging rapidly, in absolute numbers and percentages, relative to the younger population.<sup>1</sup> In 2018, for the first time in history, persons aged 65 years or over worldwide outnumbered children under age 5. In the current issue of this journal, Beshyah et al<sup>2</sup> examined physicians' perceptions of geriatric medicine in the Middle East and North Africa (MENA) region. The authors surveyed 137 doctors practicing in the MENA region in 2017 using an online questionnaire that included attitude scales of geriatrics and nursing homes. The article is a commendable attempt that highlights the need for additional representative surveys that will have implications for policymakers and universities. That are ultimately responsible for advancing the specialty of geriatrics and gerontology across the comprehensive health care team.

The countries in the MENA region are the cradles of civilization and urban culture. Significant demographic changes are affecting the MENA region. The percentage of older persons in the MENA region is expected to increase with improving health care delivery in the area. Presently, Lebanon and Tunisia have the highest percentage of older people (65+) (7.3 and 7%, respectively). By 2050, the percentage of older persons will exceed 20% in 6 out of the 22 MENA countries. It will range between 12 and 19% in nine others.<sup>3</sup> Therefore, the region will develop rapidly aging populations within the next few decades. Countries with lower economic development and access to adequate health care than more developed countries will be hard-pressed to meet the challenges of more numbers of older people, especially as traditional family support systems for older persons are breaking down. Policymakers in the Middle East

need to invest in formal old-age support systems to meet these challenges in the coming decades.<sup>4–7</sup>

MENA countries have made significant strides in the welfare of their older populations over the past decade. However, the achievements have significantly varied depending on their economic development, resources, and commitment. They are affected by the degree of aging in each country. The authors of the survey paper addressed a critical issue that reveals the gaps in training in the aging field.<sup>2</sup> However, the sample size was small, and as such, we cannot generalize to the MENA region. In addition, it would have been helpful to know from which countries the physicians were located and their specialties.

While aging has long been a problem in wealthier countries, it has only recently become a problem in some Arab countries. For example, in all Arab countries, there is a dearth of geriatric medicine specialization and education. When available, nursing homes are ill-equipped to care for senior citizens.<sup>4–6</sup> Due to a lack of adequate geriatric services, elderly persons in the Gulf Cooperation Council countries are typically treated by general internists or physicians and admitted to acute care hospitals. Most older individuals claim that advanced home services are insufficient or unavailable and that caregivers lack social and economic support. There is a need to improve education and training, increase recruitment and retention, and develop innovative models of care.<sup>8,9</sup>

The survey revealed a suboptimal attitude of practicing physicians to geriatrics that needs improvements.<sup>1</sup> The respondents were concerned about several issues when dealing with the elderly and nursing homes, including financial and lack of adequate training. The survey revealed that just over a quarter received formal training in geriatric medicine at some stage of their career. There is an urgent

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need to promote the geriatrics specialty in the region and improve the knowledge about aging issues in the MENA region.

There is a critical need in the region for a significant shift in the focus of clinical treatment for older adults. Rather than treating various diseases and symptoms in isolation, the emphasis should be on interventions that enhance older adults' physical and mental capacities throughout their lives and enable them to perform the activities they love. The World Health Organization is a firm believer that to achieve healthy aging, the goal of maintaining intrinsic capacity and functional ability across the life course must be prioritized. They recently introduced the Integrated Care for Older People (ICOPE). The concept emphasizes the need for community-based gerontological and geriatric care. At the regional level, a consultation meeting was held in Beirut to present the model to academics and other key individuals from the EMRO region.<sup>8</sup>

Most respondents did not enjoy the nursing home experience and requested more financial incentives for working there. Several respondents stressed that training is inadequate and there is a lack of good nursing home structure. The growing population of older adults in the MENA region and the associated increase in chronic diseases necessitate the study of geriatrics and gerontology. However, geriatrics is a relatively new profession among Middle Eastern medical school graduates and lacks the attractiveness of other specialties. Bahrain, Egypt, Iraq, Jordan, Lebanon, Morocco, and Syria have designated geriatrics as an independent specialty. Geriatricians are few in a vast number of Arab countries. Apart from Bahrain (which has 1 geriatrician for every 8,250 people aged 65 or over) and Lebanon (which has 1 for every 20,000 people aged 65 or over), most Arab countries have less than 1 geriatrician for every 100,000 older people. This contrasts with the United States, where 1 geriatrician is assigned to 5,000 to 7,000 older adults.<sup>6</sup> Due to a shortage of trained experts, older adults are often treated by general internists or general practitioners who lack the skills and training necessary to cope with older patients' unique issues and demands as they age.<sup>8</sup>

However, geriatrics is a relatively new profession among Middle Eastern medical school graduates and lacks the attractiveness of other specialties. Bahrain, Egypt, Iraq, Jordan, Lebanon, Morocco, and Syria have designated geriatrics as an independent specialty. Geriatricians are few in a vast number of Arab countries. Apart from Bahrain (which has 1 geriatrician for every 8,250 people aged 65 or over) and Lebanon (which has 1 for every 20,000 people aged 65 or over), most Arab countries have less than 1 geriatrician for every 100,000 older people. This contrasts with the United States, where 1 geriatrician is assigned to 5,000 to 7,000 older adults.<sup>10</sup> Due to a shortage of trained experts, older adults are often treated by general internists or general practitioners who lack the skills and training necessary to cope with older patients' unique issues and demands.<sup>8</sup> Around the world, nine Arab countries (Bahrain, Jordan, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, and Syria) have integrated gerontology into their nursing programs.

Three countries (Bahrain, Jordan, and Syria) have integrated gerontology into their social work and occupational and physical therapy programs. In 2002, the Middle East Academy for Medicine of Aging (MEAMA) was the first to offer a multidisciplinary short course in geriatrics and gerontology to the region's health care professionals. Courses of 3- to 5-day duration were held every 6 months.<sup>8</sup>

Numerous concerns must be addressed before we can determine our ability to meet the health care needs of a rapidly aging population, including the following: How should paid human service employees and unpaid caregivers be used to meet the needs of older people? What new roles or provider types could be crucial in promoting skilled care? How will health care staff be trained and prepared to give quality care to the elderly, and how should this education be funded? What will increase enlistment and retention of the essential workforce? Additional questions include the following: Are the region's health professions able to address older adults' current and future health care needs? Are health professions faculties prepared to teach geriatrics and gerontology? Are aging topics included in primary and secondary education curricula? Do health professionals in the region seek opportunities to care for the elderly? Are sufficient professional and financial rewards available to those who care for elderly adults? There is scant evidence that educational institutions are sensitive to the issues associated with an aging population.<sup>8</sup> Soon, such issues will have far-reaching consequences if it is assumed that a large portion of a health care professional's time would be devoted to caring for older adults. Most certainly, a skilled workforce can contribute to reducing disability and functional disabilities through research, education, and training and improve the quality of life for older adults and their family members. It can also be an effective way to provide adequate health care to an aging population.<sup>8,10</sup>

Beshyah et al<sup>2</sup> underscored that the care of the elderly requires a specific well-designed infrastructure that incorporates multidisciplinary care. Unless specifically trained, most physicians, particularly younger ones just setting off in their careers, would be inclined to shy away from geriatric practice. They stressed that the overlying theme contributing to the poor attitudes is a lack of structured curricula in geriatric medicine. Geriatric medicine education has consistently been underrepresented in the region's medical colleges. There are significant shortcomings in terms of what is taught when it is taught and how it is taught. As such, it is fitting that the MEAMA was created in 2002 to foster the development of health care services for the region's senior citizens. It was formed by a group of scholars and instructors from the Middle East and Europe. MEAMA is modeled after the European Academy for Medicine of Aging to establish a hub for education and training in the Middle East's aging field.

The Abyad Medical Center and the Middle East Longevity Institute played a critical role in planning the MEAMA's inaugural course. Several reputable governmental, regional, and international organizations have contributed to the academy's development. MEAMA recently partnered with the International Institute on Aging, United Nations-Malta.<sup>11</sup> This

rigorous course began with four sessions covering critical health-related topics in older age. It targeted physicians, nurses, social workers, and other health care personnel responsible for the health care of older adults. The entire program is designed to enhance medical gerontology's scientific, clinical, educational, and management capabilities.<sup>11,12</sup> Seven postgraduate cycles have been completed to date, training 1,500 health care professionals.<sup>8</sup>

In conclusions, there is an urgent need to expand geriatrics and gerontology training programs at all region's universities. All health care personnel that work with elderly adults should receive training. Additionally, appropriate funding should be provided for academic programs that address concerns about training.

#### Authors' Contribution

Single author.

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