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THE MIDDLE-EAST ACADEMY FOR MEDICINE OF AGEING

S. DUURSMA[1], A. ABYAD[2], F. AMIN[3]

1. University Medical Center, Utrecht University Hospital, Utrecht, the Netherlands; 2. Abyad Medical Center, Tripoli, Lebanon, 3. Ministry of Health, Kingdom of Bahrain; correspondence: Sijmen Duursma, University Medical Center, Utrecht University Hospital, address: Koperslagershoek-21, 3981-SB-Bunnik, the Netherlands, phone: +31 30 656 3111, e-mail: Sijmen.Duursma@wanadoo.nl

Abstract: The first session of the Middle-East Academy for Medicine of Ageing, the MEAMA, started with a focus on demographic aspects in the region and the problems the participants meet in their own countries related to the services for health related problems in older people. Also several medical topics were discussed. The MEAMA uses the methods of the EAMA, which have been proven to be attractive for participants and speakers. In the discussions the question was raised how to start the process to develop and enhance the services. It was suggested to start with the organization of national societies and interact with neighbouring countries before presenting measures needed at the national level. The MEAMA might be an excellent forum for the discussion how to stimulate the development of the services for older people in the Middle-East area.

Key words:

Introduction

In the mountain area of Lebanon a symposium was organized in Ain Wazein in 2001. It was the first international symposium for geriatric medicine in the Middle East are. During the symposium a discussion was started about the demographic expectations for the Middle-East area and the services for the health related problems in the rapidly increasing number of older people. Here the initiative was born to start a Middle-East Academy for Medicine of Ageing, the MEAMA. From October 2nd through 5th , 2003, the first session of the first course of the MEAMA was organized in Tripoli, Lebanon. Background of the course was to create an opportunity to stimulate the development of services for health related problems in older people in the Middle-East area. A description of the goals and the methods of the MEAMA will be given with a short comment ater the first session.

Goals and Methods

The main goal of the MEAMA is to stimulate the development of the services for health related problems in older people in the Middle-East area. In some countries initiatives have been started already in the community and the second goal is to enhance these services and to harmonize these services across the Middle-East area. In this process interaction with leading countries in geriatric medicine is necessary. The mission of the MEAMA is to train interested physicians, leading nurses and health officers, to enhance their competence and increase their level of knowledge, communication skills and teaching skills. A network between the interested persons is essential for the exchange ideas and to harmonize services, education and training programmes. For the strategy the MEAMA has adopted the methods of the European Academy for Medicine of Ageing (1, 2). These methods have been proven to be successful and attractive for both the participants of the courses as well as for the teachers. To increase knowledge well known teachers are invited to present state-of-the-art lectures. Besides the transfer of knowledge, the discussions between teachers and participants will contribute to increase the level of knowledge and understanding. Other steps to increase knowledge are the presentation of a state-of-the-art lecture by the participants and their participation in the discussions in small groups, where different topics will be covered. Communication skills are trained in the discussions with the teachers and in the groups discussions, but also in chairing and reporting the discussions. Teaching skills are influenced by presenting state-of-the-art lectures by the participants. About two months before a session will start, participants receive a subject for a state-of-the-art lecture and they have to make an abstract with a limited number of well chosen references. All activities are evaluated and each of the participants has a tutor for individual evaluation after the presentation of his or her lecture, or after chairing or reporting a group's discussion. The members of the executive board are the tutors and they have to participate in the whole session of the course. The participants subscribe not just for one session, but for the course of four sessions with an interval of about six months. To come back and meet the same colleagues from former sessions is essential to exchange ideas and build up the feeling of working together and to participate in a network of colleagues with comparable interests. A limited number with a maximum of about 35 participants can be managed for this type of courses. Bringing them together during the course, lunchtime and diner and accommodating participants, board members and teachers at one location highly contributes to the interactions between all participating persons. In this way an optimal profit of a course can be obtained.

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First Session of the First MEAMA course

Inviting people to participate in a course and transferring EAMA methods to another area in the world is a challenge for participants and organizers. Two times the first session had to be postponed, first in the autumn of 2002 after the '11th of September' and the second time in the spring of 2003, because of the war in Iraq. In October 2003 we could start the first session. 16 persons participated, half of them women and men and with a good mixture of the three invited disciplines.

The first teachers' state of the art lectures focused on demographic aspects in the Middle-East area (3). Life expectancy at birth has been presented in table 1. The range is between 68.3 years in Egypt to 76.3 years in Kuwait. Comparing these figures with some European and other areas in the world, we see for Europe a range from 75.9 years in Portugal to 79.9 years in Sweden. In the USA it is 76.9 years and the highest score is in Japan with 81.3 years. Most Middle-East countries have a lower life expectancy than most of the member countries of the European Union. Like in nearly all countries the composition of the population will change from the pyramidal shape to the cone shape, with a decrease in the potential support ratio, the number of persons aged between 15 and 65 years of age per one older person aged >65 years of age. The problems the Middle-East area faces are similar to these in the European Union and North America.

Table 1
Life expectancy at birth for 2001 in Middle-East countries

Egypt	68.3	years
Iran, Islamic Republic of	69.8	years
Jordan	70.6	years
Syrian Arabic Republic	71.5	years
Qatar	71.8	years
Saudi Arabia	71.9	years
Oman	72.2	years
Libyan Arab Jamahirya	72.4	years
Lebanon	73.3	years
United Arabic Emirates	74.4	years
Bahrain	73.7	years
Kuwait	76.3	years

Source: Human Development Report 2003 (3) .

Table 2
Life expectancy in different parts of the world with a 'high human development'

Portugal	75.9	years
United Kingdom	77.9	years
Spain	79.1	years
Sweden	79.9	years
United States of America	76.9	years
Australia	79.0	years
Canada	79.2	years
Japan	81.3	years

Source: Human Development Report 2003 (3).

The participants presented lectures about the situation in their own countries. Differences were observed between the countries, although in most countries the problems in older people have been recognized and initiatives to meet these problems have been started. During the discussions questions were raised about which services are needed and how to estimate the quality of the services? How to influence the process of input and output variables and how to build up a system with quality indicators? What is the best way to meet older patients' health related problems, to build new nursing homes or to propagate the formation of home care teams?

Medical subjects got also attention, like the increasing number of patients with heart failure, diabetes mellitus, osteoporosis, dementia, depression and behavioural disturbances. Special awareness was given to the position and the essential role of nurses in the services for the health related problems in older people. One of the interesting observations in the discussions was the recognition of the high impact of the role of nurses in all countries.

The last presentation made a comparison between the Middle-East area and the European Union (4). The patient related problems in the two parts of the world are the same, although the quantity of the services showed great differences. For example in the Middle-Eats countries the number of general practitioners diverged from country to country and the curriculum for medical students and nurses students seldom includes the health care problems in older people. Some countries have home care teams, others just have nursing homes with a high percentage of social indicated admittances. In the Middle-East area the services for health related problems in older people is community oriented and general practitioners are the physicians concerned. In the European Union geriatric medicine is a recognized specialty in most member states, with specialists for community services and for hospital services. A great difference exists between both national and international structures for the development and stimulation of the care for older people. The European Union has a well developed system of organizations, which contribute to the control and improvement of the quality of services, education and training of physicians. For nurses the first steps have been made to set up a European structure. In the Middle-East area this has to be started and needs the support of the international organisations, like the geriatric medicine societies in the European Union. In the discussions it was suggested to start the development of the structure for the Middle-East area with bringing together interested persons at the national level and to start national societies. Before these national societies present measures needed at the national level, it was recommended to co-operate with societies in neighbouring countries, to try to harmonize the development of services, education and training. During the session it was an advantage to have the speakers from the Middle East all days and from the European countries nearly always with us. It contributed to the high quality level of the discussions.

Discussion

The problems have been recognized the societies will meet in the Middle-East area, regarding the increasing number of older people and their health related problems. In some countries initiatives have been undertaken to develop services in the community. Comparing the situation in the Middle-East area with the European Union large differences were shown. Although it was suggested to start national societies and to harmonize the developments between countries, it has also been advised not to copy the European Union structure, but just to use knowledge and experiences from the European Union to build up a system adapted to the regional needs and cultural habits. It was a pleasure to feel the engagement of the participants to combine their experiences with the problems in their patients, with the whish to build up a sufficient structure at the national and international level. The discussions started during this first session and the MEAMA seems to be an excellent forum for the exchange of ideas and knowledge between countries to stimulate the developments for services, education and training.

An important problem for both the Middle-East area and the European Union is the shortage of well trained professors, teachers and scientists for the field of health care for older people for both physicians and nurses (5). A problem that can only be solved by the selection of promising young persons to be educated and trained for teaching and research positions.

The evaluation of the session by the participants was excellent, with correct critical and constructive remarks. After this discussion the topics for the next sessions were changed. The next session in April 1-4, 2004, will be focused on 'Care for older patients: who should be referred to hospital?' and 'Which facilities needs a hospital to meet the problems of older patients?' and 'Common problems in older patients?'. For the third session in October 7-10, 2004, the subject is 'Care for older patients: quality of life, services and education; guidelines and how to improve quality?'

Conclusion

Although the number of participants was small, the participants were highly engaged in the problems of health related problems in older patients. Special interest and attention was paid on the ways how to stimulate the development of services, education and training. It was suggested to start national societies and interact with societies in neighbouring countries.

References

1. Stähelin HB, Beregi E, Duursma SA, Grimley Evans J, Michel J-P, Ruiz-Torres A, Steen B. Group of European Professors in Medical Gerontology. Teaching medical gerontology in Europe. Age Ageing 1994; 23: 179-81.
2. Michel JP. Raising the level of medical gerontology: evaluation of the European Academy for Medicine of Ageing course. European Professors of Medical Gerontology. Aging (Milano). 1997; 3: 224-30.
3. Human Development Report 2003. Human development index, United Nations Development Programme, New York, 2003: 237-40.
4. Duursma, SA. Teaching and training for geriatric medicine in the European Union. Europ J Geriatr 2002; 4: 59-67.
5. Duursma SA, Overstall PW. Geriatric medicine in the European Union: future scenarios. Z Gerontol Geriatr. 2003;36: 204-15.

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