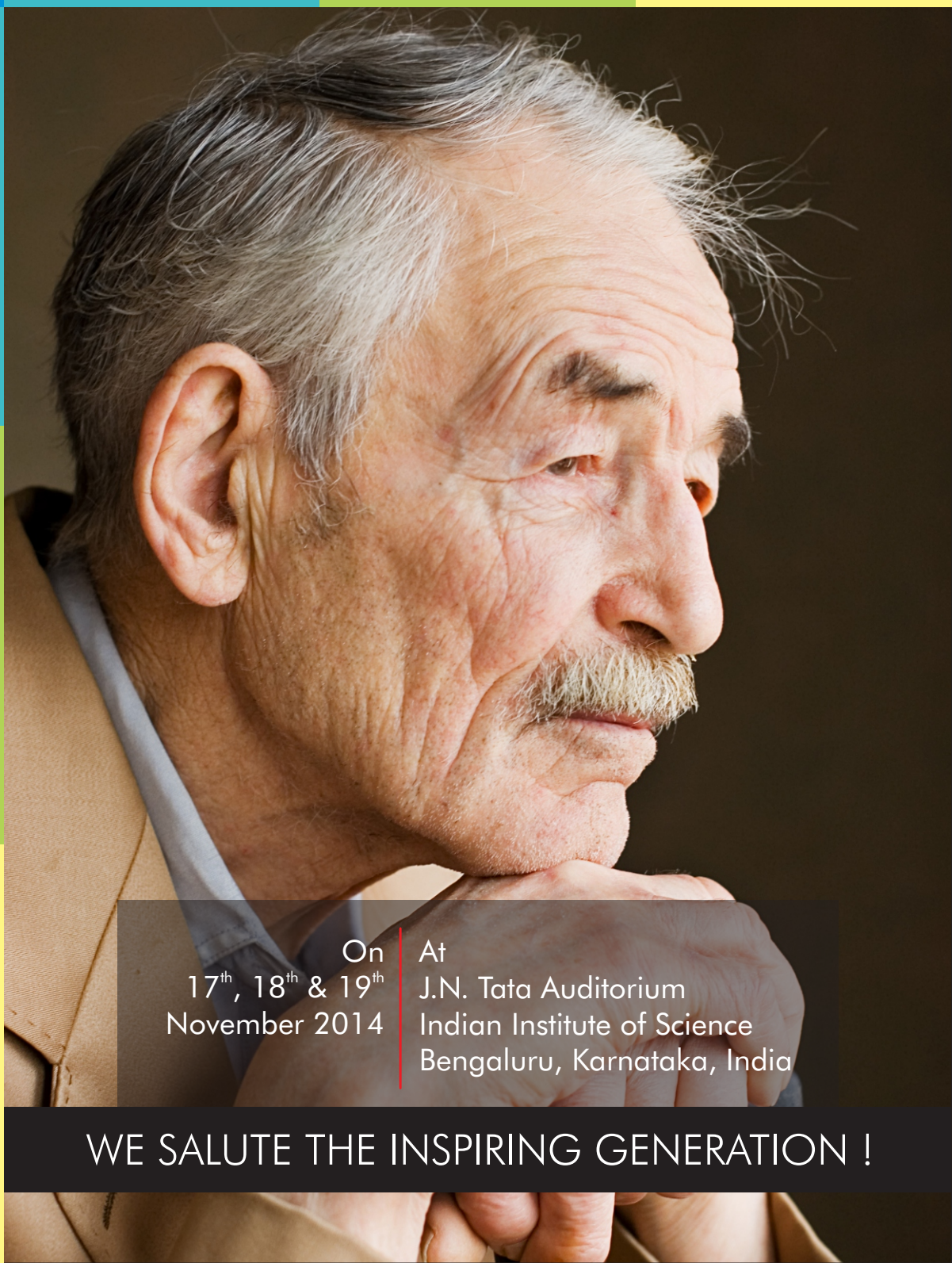
World Congress of Gerontology and Geriatrics
3rd International Conference

HEALTHY AGEING IN THE CHANGING WORLD®

2014



On
17th, 18th & 19th
November 2014

At
J.N. Tata Auditorium
Indian Institute of Science
Bengaluru, Karnataka, India

WE SALUTE THE INSPIRING GENERATION !

After the overwhelming response to "2nd World Congress on Geriatrics and Gerontology in J.N. Tata Auditorium, Indian Institute of Science, Bengaluru, BioGenesis Euro India Health Cluster (Not For Profit) has worked extensively to collaborate the ideas and suggestions of the all eminent speakers in the conference and has brought it to the notice of the Ministry of Planning, Ministry of Human Resources, Government of India and State Government of Karnataka to develop a phase for Geriatrics and Gerontology in India. The Government of India has welcomed the ideas and laid down the steps to open more and more Geriatrics Centers and hospitals in the State of Karnataka as well as around the country. We could also bring a moment in the aged and ageing population of the country through motivational and psychologically awakening sessions during the conference.

The World Congress has also opened the gates for development through technology and knowledge transfer between the two nations, India and the United Kingdom through the creation of Indo-British Geriatrics Council, a Geriatrics division of BioGenesis Health Cluster. The Indo British Geriatrics Council was inaugurated in the presence of His Excellency Dr. Hans Raj Bhardwaj, Governor of Karnataka and His Excellency Mr. Ian Felton, British Deputy High Commissioner, Bengaluru.

The Indo-British Geriatrics Council will help educate and train the medical professionals, nurses, and Para medical staff and care givers for providing effective treatment and care of the elderly population. It will also carry the fund raising activities for supporting novel research in the field of Geriatrics and Gerontology. The primary focus of the council will be to create health clusters in the field of Geriatrics with modernized technology derived from the west in India. The Indo-British Geriatrics Council will have visionaries and ideologists to lay a strong foundation and guide us through our vision of achieving "Healthy Ageing in Changing World".

We wanted to refold the success we achieved with "Healthy Ageing in Changing World" once again with the "3rd World Congress on Geriatrics and Gerontology" scheduled from 17-19th of November 2014 at J.N. Tata Auditorium, Indian Institute of Science, Bangalore. The Conference is being organized by BioGenesis Euro India Health Cluster, Clinton Foundation USA, ICMR (Indian Council of Medical Research), Government of Karnataka, Medical Council of India, Karnataka Medical Council, Geriatrics Society of India, British Geriatrics Society and 70 International Geriatrics Societies across the world.

The 3rd World Congress on Geriatrics and Gerontology is designed on the theme "Healthy Ageing in Changing World". The program has been developed to cover the latest scientific research and the best clinical practice for the care of older people. Our ageing population requires a redesign of Health Schemes to deal with the challenge of caring for larger numbers of older people both in and out of hospitals. This conference will cover core areas of interest to all healthcare professionals responsible for the health of older people globally.

The impetus behind this conference is the issue of ageing and its associated medical, social and ethical problems. As we already know ageing is inevitable and unavoidable. However, modern science and medical technology are trying to understand the process of ageing and its slow impact on human body through continuous research.

The challenges of frailty, complex comorbidity, different patterns of disease presentation, slower response to treatment and requirements for social support call for special medical skills.

Presentations of illness in old age are often non-specific: Geriatricians focus on falls, immobility, incontinence and confusion as well as adverse drug reactions. We see a broad range of illnesses, particularly stroke, heart disease, infections, diabetes, delirium, and the dementias. Some Geriatricians deal with the whole range of Geriatrics problems, particularly those who spend time working in the community. Others specialize in areas such as orthopedic Geriatrics, stroke, falls and syncope, cerebral ageing and Parkinsonism.

At its core, Geriatrics requires comprehensive assessment of ill and disabled old people. This involves close interdisciplinary working with nurses, therapists, pharmacists, dietitians, social workers and many other health professionals. We work closely with GPs, old age psychiatrists and many hospital clinical specialists to ensure that old people receive the highest possible levels of care.

With population ageing set to continue for the next few decades and the number of over 65 year-olds now outnumbering under-16s in the India, 30-40% of the take in most hospitals now concerns frail older people.

Increasing numbers of older patients no longer come under the care of Geriatrician and so general and other specialty physicians need to be prepared to deal with frail older people. Geriatricians have a role to play in age-attuning acute hospital care both in terms of the environment and process of care. However, all clinicians involved in the acute medical take must be able to recognize and respond to Geriatrics syndromes including delirium, falls, immobility and functional loss.

This conference will provide a comprehensive overview on how to address the medical care of older people; this provides a convenient way for Fellows and Members in other parts of the world to access the same high-quality education. The program will provide practical information and take-away messages relevant today-to-day practice.

WHY SHOULD I BE INTERESTED IN LEARNING ABOUT OLDER PEOPLE?

The Reality of Changing Demographics

As you choose, even pediatricians deal with the unique issues of grandparents raising grandchildren. The demographics are changing. Between 2010 and 2030, the population over 65 will increase by 73%. Seventy million people (one out of every five in the country) will be over 65. The number of older patients each physician sees, thus, is increasing. No matter the percentage of older patients you have in your caseload, you will see them more often and spend more time with them due to their increased likelihood of multiple chronic conditions.

Geriatrics is Unique. You'll need Special Training

Treating geriatrics patients requires a different strategy and is very complex. Additional training and focus is needed, or you are at a risk of making errors. For example, common errors include causing iatrogenic problems by polypharmacy or by prescribing normal adult doses to elderly patients.

The conference is organizing a CME Training workshop with the help of Karnataka Medical Council to train people toward caring older people.

You'll be a Better Doctor

Taking an interest in the conference will enable you to recognize problems that are more common among the elderly (such as Dementia) and also help you to educate your patients about these issues.

You'll have to make an extra effort, But it will Pay Off

You may have to make an extra effort because Geriatrics education in India has not yet adapted to the realities of what the world will be like when today's medical students are physicians. As of 2013, the number of post graduation or specialization seats in India is 5 with 3 in Government colleges and universities and 2 in private colleges and universities. The Medical Association shows that 6536 doctors who are specialized in various division of medicine require taking an elective coursein Geriatrics to meet with the requirement as only 5 doctors specialize in Geriatrics every year. According our source of data only 0.7% of all graduating medical school students have actually taken an elective in Geriatrics.

WHY SHOULD I CONSIDER BECOMING A GERIATRICIAN?

Geriatrics' Care Matters

The vast majority of outcome studies show that good Geriatrics care results in increased quality of life, lower morbidity, and lower mortality versus traditional medical care.

It is emotionally fulfilling

Geriatricians have more satisfying interactions with patients. In the managed care setting, many physicians complain about not having enough time with patients. However, being a Geriatrician means that you have more time to see patients because managed care expects you to need the extra time. Also, many Geriatricians make home visits and enjoy the unique interaction they allow. Contrary to popular opinion, most Geriatricians do not treat only people who are very near death. It is not uncommon to see patients for many years, even decades. This allows for an incredible patient-physician relationship to develop.

It is intellectually stimulating

Geriatrics is a very intellectually stimulating specialty. Almost every older patient that you take care of will have several concurrent problems. A "simple" case is rare. This means that you, as their doctor, must know not only how to treat and manage each of these problems, but also the interactions amongst them.

The Team Approach

A multi-disciplinary, team-based approach allows you to look at all aspects of the patient: As a Geriatrician, you will often serve as a team leader, working closely with nurses, social workers, psychologists, pharmacists, physical therapists, occupational therapists, speech therapists, and others. This means that you and the team can do a lot for the "whole" patient rather than focusing only on the medical problem.

The World of Geriatrics is wide-open

The field of Geriatrics is wide-open. You can focus on one area (i.e. rehabilitation), or pursue careers in academics, research, health care administration, or even the pharmaceutical industry.

FOCUS OF THE CONFERENCE

- Understanding Geriatrics
- Review Research
- Technology
- Analyze Better Medical Practice
- Governance & Policies
- Social Issues
- Ethical & Legal Issues
- Better Practice
- Wellness & End of Life
- Tendency to Fall
- Acute and Chronic Pain
- Dementia
- Acute Stroke
- Integration of Rehabilitation Procedures
- Dealing with Confused Individuals
- Geriatrics Oncology

The Conference will try to ensure that all aspects of Geriatric care are discussed and the questions of the participants are answered. This Conference, as its predecessors will be a path-breaking discussion on Geriatrics and we are looking forward to meeting you in November 2014.

TOPICS FOR THE ACADEMIC PROGRAM

Bio-Geronotology

- Metabolism
- Sarcopenia
- Theories of Aging
- Mathematical Models of Ageing
- Anti-Aging
- Genetics
- Stress and Oxidation

Clinical Geriatrics

- Geriatrics Cardiology
- Care Models
- Promotion and Prevention (public Health)
- Psychogeriatrics – depression in the elderly
- Osteoporosis and bone health in the elderly
- Comprehensive Geriatric Assessment
- Nutrition in the elderly
- Geriatric Syndromes
- Oncogeriatrics
- Frailty
- Neurogeriatrics
- Geriatric Palliative Care
- Immunization in the elderly

Social and Behavioral Sciences

- Ethics
- Social Frailty
- Care Overload Syndrome
- Support Groups
- Successful Aging
- Supportive nets
- End of Life Issues
- Abuse and negligence

Research

- Transcultural Investigation Models
- Standardization of assessment measures
- Longitudinal Studies of aging
- Qualitative Investigation

Spiritual Health

- Spirituality in ageing
- Effect of religion on physical and mental health in the elderly
- Financial Health

Managing Finances for the elderly

Insurance Options for the elderly

THE CONFIRMED INTERNATIONAL SPEAKERS

Dr. Adam L Gordon, Ph.D MB ChB MMedSci(Clin Ed)

Consultant and Honorary Associate Professor in Medicine of Older People. Digital Media Editor - Age and Ageing.

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Prof. S.A.R. Prasanna Venkatachariar Chaturvedi Swamiji

Sri Ramanuja Mission Trust & Sri Bhashyakara Charitable Trust

Founder & Managing Trustee,

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INDO-BRITISH FORUM SPECIAL PROGRAMS

The following topics will be discussed in great detail:

- On Global Ageing Issues
- Population Ageing
- Economic Growth on Nutrition of Older Persons
- Elder Abuse

The Focus of the Conference:
The conference will concentrate on the following:

- Focus on health, illness, and long-term healthcare in the era of longevity
- Importance of active lifestyles for older persons and the search for solutions to the problems of worldwide ageing
- The need for implementation of more aggressive policies in every country for older persons based on a proactive paradigm in each country

The Composition of the Elder Population:

The world population has changed dramatically in recent decades. Between 1950 and 2010 life expectancy worldwide rose from 46 to 68 years, and it is projected to increase to 81 by the end of the century. It has been reported that women presently outnumber men by an estimated 66 million among those aged 60 years or over. Among those aged 80 years or over, women are nearly twice as numerous as men, and among centenarians women are between four and five times as numerous as men. For the first time in human history, in 2050, there will be more persons over 60 than children in the world.

Almost 700 million people are now over the age of 60 by 2050, 2 billion people, over 20 percent of the world's population, will be 60 or older. The increase in the number of older people will be the greatest and the most rapid in the developing world, with Asia as the region with the largest number of older persons, and Africa facing the largest proportionate growth with this in mind, enhanced attention to the particular needs and challenges faced by many older people is clearly required. Just as important, however, is the essential contribution the majority of older men and women can continue to make to the functioning of society if adequate guarantees are in place. Human rights lie at the core of all efforts in this regard.

There are three priority areas of international relevance:

1. Family:

Around the world, there is discussion about how families support their older members and how ageing family members support other family members in the face of poverty, pandemics, and changing family structures and beliefs.

Objective: To identify global trends in discourses and realities of family strengths and obligations and to create strategies for strengthening and supporting them

2. Liveability:

Global shifts in world economies have led to increased disparities with and across regions in living situations of older adults.

Objective: To identify key elements in liveability of older persons toward increasing their survival and citizenship

3. Care: Population ageing and the erosion or absence of social welfare provisions have resulted in increasing social and economic costs experienced by carers and governments. In turn, older adults are the mainstays in their families, often serving as the main carers to family members with disabilities.

Objective: To document the amount and types of care by and to older adults and the needs for support in these caring activities.

Five Tracks and Topics of Interest Include:

1. Health & Self-esteem:
Tele-health services and business models, tele-medicine services and business models rehabilitation engineering, ICT applications for life-long learning

2. Housing & Daily Activities:
Housing adaptation, ambient assistive living, ICT for aging and independent living, assistive technologies

3. Communication & Governance:
Age-friendly communication devices, online social network for the older adults, socially assistive robots

4. Mobility & Transport:
Mobility aids and assistive devices, technology for senior drivers, age-friendly public transportation

5. Work & Leisure:
Accommodation for senior workers, voluntary work for the older adults, fun technologies for the older adults, senior fitness and sports

Accomplish Four Key Aims:
1.To pinpoint paramount policy - and scientifically-relevant queries, and related knowledge gaps

2.To identify relevant theoretical perspectives from family sociology or gerontology that may be drawn upon for, and in turn critically interrogated by, the generation and interpretation of empirical evidence

3.To forge a systematic and detailed 5-year agenda and plans for single and cross country research

4.To establish a broad structure and key domains for an intensive training course curriculum on families and ageing in SSA to be delivered to relevant social science students and scholars to build capacity for further, high-quality inquiry on these areas.

THE PLEDGE (INDO-BRITISH GERIATRICS COUNCIL):

We hope to expand our knowledge, where aging issues are concerned, as well as to find new ways to draw that information to the attention of nations, organizations, and policy-makers worldwide and to further support innovation, initiatives, and actions to benefit our older population.

ORGANIZING COMMITTEE

- **Dr. Anoop Amarnath, MRCP (U.K.), DGM (U.K.), Residency in Nephrology (U.K)**

  Director and Consultant of Geriatric Medicine, Apollo Hospitals, Bangalore, Karnataka (Chairman).

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	Early Bird On/Before June 18, 2014	Late Registration On/Before October 15, 2014	On Spot Registration On Nov 17, 2014
For Students	$100	$150	$200
For Medical Professionals	$300	$400	$500
For Industrialists	$400	$500	$600

NATIONAL DELEGATES

Registration for Delegates	Fee (in INR)		
	Early Bird On/Before June 18, 2014	Late Registration On/Before October 15, 2014	On Spot Registration On Nov 17, 2014
Medical Professionals /General Category	3500	4500	5000
Research Scholar / Student	2500	3000	3500
Supporting Organization Delegate	2000	3000	4000
CME Workshop	1000	1000	1500

- Special discounts will be provided for group registrations
- To avail 'Research Scholar/Student' registration fee, a letter from Head of Department/Head of Institution, a photo-ID is a must as documentary proof.
- To avail 'Supporting Organization' registration fee, a letter stating that the delegate is an employee of the organization concerned, is mandatory.

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HEALTHY AGEING IN THE CHANGING WORLD®

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