



ISSN: 1697-090X

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Rev Electron Biomed / Electron J Biomed 2013;1:6-8.

Editorial:

AGING

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The aging of the population will be a significant health problem in the coming years¹.

It has to be pointed out that the changes associated with aging are variable in different individuals, and may not be parallel with that of chronological age. Thus, the determination of physiological age gives a better knowledge of mortality risk, by evaluating the susceptibility to stress and functional dependence^{2,3}.

The Comprehensive Geriatric Assessment (CGA), includes the analysis of the physical status, morbidity, nutritional state, geriatric syndromes, and social support, and is the best validated tool for this purpose.

It is a multidimensional and multidisciplinary diagnostic process, to determine the medical, physiological and functional capacities of a fragile elderly person, with the aim of developing a coordinated and comprehensive plan for long-term treatment and follow-up. It emphasises the quality of life and functional status. The Comprehensive Geriatric Assessment is a dynamic process, since it is performed repeatedly over time to establish the progress of the patient and to assess the therapeutic measures applied. Its aim is the

preparation of a comprehensive, individualised, diagnostic, therapeutic and follow-up plan⁴.

Its main features are, the use of interdisciplinary teams and standardised assessment tools⁵.

One of the aims of the treatment in the elderly is to extend the "active" life expectancy, which involves, besides curing, an increase in life-span, along with palliative treatment of the symptoms.

One particular problem associated with the management of elderly patients is the presence of intercurrent diseases, and pharmacological interactions between the drugs prescribed for the treatment of these diseases⁶. The management of the complexity is the main skill in the medical care of the elderly, with the choice of treatment being based on objective data⁷.

In 2011, cancer was the second cause of death in the general population and in people over 79 years in Spain, with tumours being the first cause of death between 40 and 79 years⁸. Due to the aging of the population, it is likely that cancer incidence will increase in the coming years.

The impact of the Comprehensive Geriatric Assessment within the framework of geriatric oncology is not clearly defined, but it is highly recommended to implement it before making a decision on the treatment in patients with cancer and advanced age⁹.

The International Society of Geriatric Oncology Chemotherapy has prepared several guidelines to improve the treatment and care in elderly patients with cancer, which may help health care professionals in the decision-making process¹⁰.

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