News in Brief

Older Adults' Views and Communication Preferences About Cancer Screening Cessation

To screen or not older adults for cancer is a daily practice question. Patient preferences may be an important contributor to continued screening. The objective of the recent study by Schoenborn, Johns Hopkins, Baltimore (JAMA Intern Med. 2017 Aug 1;177(8):1121-1128) is to examine older adults' views on the decision to stop cancer screening and to identify older adults' preferences. Participants' average age was 75.7 years. Twenty-three participants (57.5%) were female; 25 (62.5%) were white. Estimated life expectancy was less than 10 years for 19 participants (47.5%). Authors identified 3 key themes. First, participants were amenable to stopping cancer screening, especially in the context of a trusting relationship with their clinician. Second, many participants did not often understand the role of life expectancy. Third, participants preferred that clinicians explain a recommendation to stop screening by incorporating individual health status but were divided on whether life expectancy should be mentioned. Although research and clinical practice guidelines recommend using life expectancy to inform cancer screening, older adults may not consider life expectancy important in screening and may not prefer to hear about it. Patient-centered approaches to discuss screening cessation is an important step to optimizing cancer screening in older adults. It must be also taken into consideration not only life expenctency but the prevention of disabilities and dependency for theses individulals again a patient centered action. *Bruno Vellas, Gerontopole, Toulouse.*

Care For Frail Older Adults With Diabetes

International guidelines outlining a ground-breaking model for how to manage older people with physical weakness and fatigue who have diabetes has been published in Journ Frailty Aging (http://www.jfrailtyaging.com). An International Position Statement on the Management of Frailty in Diabetes Mellitus was led by Professor Alan Sinclair of the Foundation for Diabetes Research in Older People at Diabetes Frail (UK). The document makes a series of recommendations to help doctors and nurses treat the over 70s who have diabetes and who may also suffer from conditions linked to physical weakness. This is the first time guidance has been published internationally on the subject and those involved have called for a "clear focus on patient safety" and early recognition of the deterioration of a person's health as part of the overhaul. Professor Sinclair said: "Frailty is now recognised as a new complication of diabetes in ageing populations and needs to be a priority for action. This is because frailty leads to excess disability in diabetes leading to earlier institutionalisation, decreased quality of life, and premature death. Yet early prevention and management should lead to longer, healthier lives. "Quite simply older people with diabetes developing frailty are being let down and overlooked by the system, that's why we have developed this international position statement to illustrate and share a better way of caring for these people. "It is part of a wider problem as generally older people with diabetes were often overlooked and over medicated, but we now need to give them the care and attention they deserve." The document lays out a specific model for those working in primary, secondary and community care to help them understand how to prevent frailty and ensure the early management of the condition. It also provides a platform for a model of care to be coordinated across local regions to help those older people with diabetes who are developing frailty, have developed frailty, and those progressing to disability. The guidance was compiled because the prevalence of diabetes is increasing among people between the ages of 60 to 79 years, and frailty may be present in up to one in four in this age range. In older people with the condition, frailty and loss of muscle mass and strength known as sarcopenia, have become serious complications which are often overlooked or not diagnosed by healthcare teams. The guidance was unveiled in the UK at the 4th National Conference of the Older People's Diabetes Network (OPDN), which is chaired by Professor Sinclair. *Bruno Vellas, Gerontopole, Toulouse.*

Standards in dementia care

Alzheimer's Disease International estimates that over 75 million people worldwide will live with dementia in 2030. Designing and implementing an accessible, of high quality, cost effective and culturally acceptable dementia care is now undoubtedly a public health priority. An article published in The Lancet neurology in 2014, underlined the need of "Raising standards in dementia care". In this paper, it is pointing out that, in England for example, there is an important gap between the expected dementia care in hospitals and homes - based on existing standards published in the National Dementia Strategy for England - and the actual delivered care. The Care Quality Commission (CQC), mandated to realize this review (in 129 care homes and 20 hospitals across England) describe an "unacceptable variability in the quality of dementia care". We can imagine it is probably true in some others Europeans countries even if the paper is only focused on England. This variable, or even poor, care is observed at every step of the care pathway: "diagnosis","post-diagnosis support", "information for families and carers" "end-of-life care". The solutions proposed by authors are multiple: to promote evidence-based approaches, to assess people's care needs, to better monitor quality of care, and to develop integrated models of health and social care. As a conclusion, the author invites us to consider that even if identifying disease-modifying therapy is, of course, our ambition by 2025, we must not forget that "good dementia care is possible and urgently needed" » *Helene Villars, Gerontopole, Toulouse, France.*