Commentary on the opportunities of research in Geriatrics and Gerontology

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This first edition of “Aging Medicine” marks the birth of a new journal in the field of Geriatrics and Gerontology. It serves as a timely reminder to focus on research opportunities in this field, shedding light on where research effort is best directed.

Clinicians often need to make adjustments when applying investigative or study results to older patients because many investigative results of older patients vary from the general population and many therapeutic studies exclude older patients for a variety of reasons. For instance, it is well known that antinuclear antibody (ANA) is a sensitive test for rheumatological conditions such as systemic lupus erythematosus. Therefore, many clinicians and laboratories would proceed with testing extractable nuclear antigen (ENA) when ANA is positive. However, in many older persons, ANA is modestly increased and may not necessarily reflect a disease process and so automatic request for ENA is unjustified. Furthermore, many older patients have multiple medical comorbidities and such patients are usually excluded from therapeutic trials. Therefore, when considering treatments, clinicians would often have to weigh up the benefits—especially if the benefit is only found in the longer term—against the side effects that treatments may bring in the shorter term. This is because many older patients’ life expectancy is limited by their medical comorbidities and may not survive to enjoy the long-term benefits if treated. Such complex considerations may not be required in the younger population without medical comorbidities. Hence, the guidelines of treatments found in the literature are not always generalizable to our older population.

So where does this lead us to in terms of research opportunities? One avenue may be to address important gaps of knowledge, such as in some under-research areas of investigations and treatments when applied to our older population. Another opportunity is assessing whether current or new healthcare models produce good clinical outcomes and are cost-effective for our aging population. Recommended healthcare models may also be a challenge to adopt and may fail to yield the same results in circumstances which vary from that of the research. For example, the model of treating nursing home patients where they are instead of admitting them to hospitals may not be always safe or cost-effective, and issues may arise also if the patients or relatives have strong cultural bias against it. Therefore, further research to clarify or evaluate research outcomes, cost, feasibility, and acceptability on new healthcare models is one of the key opportunities that await us.

The research future in our field seems bountiful and not limited to epidemiology, clinical, or health services. There is also the pressing need to develop cures for many neurodegenerative diseases. This may involve both basic science research and clinical or bedside trials for confirmation. For instance, there remains no breakthrough in curing Alzheimer’s disease, Parkinson’s disease, or vascular dementia. For researchers, the field for research in Geriatrics and Gerontology is so fertile and diverse that journals and publication opportunities are always welcomed.

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