Silver Paper Comment: Compensation

Preiser WFE, Ostroff E, editors. Universal Design Handbook. New York: McGraw-Hill; 2001; pp 3.3-3.14

A.A.M. van Vliet PhD Architect AAM-Beeld-Architectuur, Waalwijk, the Netherlands E: aam.vanvliet@planet.nl

doi:10.4017/gt.2008.07.04.016.00

GERONTECHNOLOGY FOR THE EUROPEAN SIL-VER PAPER

Overall the European Silver Paper¹ is very comprehensive of current problems in geriatric medicine and research; however, the technological aids mentioned under 'Clinical care – Access to specialist geriatric care' do not cover the whole concept of gerontechnology¹.

As to the section 'Clinical care', a number of needs may be fulfilled with already available gerontechnologies. These include: (i) detection of *falls* in susceptible subjects through passive or body-worn devices, for instance, 'actimeters'², (ii) monitoring of *nocturnal wandering* in cognitively impaired subjects by passive systems³, (iii) alert for *fugues* in demented patients by passive alarm systems⁴, and (iv) *general alerts* to cope with risks of living alone, such as fire alerts, unconsciousness alerts (differentiating from absence), and reminders for forgetfulness in taking medicines⁵.

As to the section 'Health promotion and preventive action', the following ongoing research is relevant to improve the quality of life in old people: (i) walking devices for frail old people, (ii) training old people on the use of user-friendly *networks* to prevent boredom⁶, (iii) ergonomic furniture and home appliances to prevent home accidents and ADL support for coping with restrictions, and (iv) a masters programme in gerontechnology, started in Eindhoven, The Netherlands, which will increase the awareness of the subject among health professionals and also provide personnel trained for future research and development.

References

- Cruz-Jentoft AJ, Franco A, Sommer P, Baeyens JP, Jankowska E, Maggi E, Ponikowski P, Ryś A, Szczerbińska K, Milewicz A. European silver paper on the future of health promotion and preventive actions, basic research, and clinical aspects of age-related disease. Gerontechnology 2008;7(3):331-339; doi:10.4017/gt.2008.07.04.001.00
- Noury N, Hervé T, Rialle V, Virone G, Mercier E, Morey G, Moro A, Porcheron T. Monitoring behavior in home using a smart fall sensor. In Proceedings of the 1st Annual International IEEE-EMBS Special Topic Conference on Microtechnologies in Medicine and Biology, Lyon; October 2000
- 3. Banerjee S, Steenkeste F, Couturier P, Debray M, Franco A. Telesurveillance of elderly patients by use of passive infrared sensors in a 'smart' room. Journal of Telemedicine and Telecare 2003;9(1):23-29; doi:10.1258/135763303321159657
- Tamura T, Togawa T, Ogawa M, Yamakoshi K. Fully automated health monitoring at home. In Graafmans J, Taipale V, Charness N, editors. Gerontechnology. Amsterdam: IOS Press; 1998; pp 280-284
- 5. Sixsmith AJ. An evaluation of an intelligent home monitoring system. Journal of Telemedicine and Telecare 2000;6(2):63-72; doi:10.1258/1357633001935059
- 6. Doughty K, Cameron K, Garner P. Three generations of telecare of the elderly. Journal of Telemedicine and Telecare 1996;2(2):71-80; doi:10.1258/1357633961 929826

Soutrik Banerjee MD, MS, PhD Laboratoire Interuniversitaire de Gérontologie, CHU de Grenoble, France E: soutrik.banerjee@ujf-grenoble.fr doi:10.4017/gt.2008.07.04.017.00