

*H. Bouma. Geriatrics and Gerontechnology. Gerontechnology 2008; 7(3):330.* Geriatrics can be defined as the medical discipline dealing with diseases related to old age and frailty, as well as with rehabilitation. Gerontechnology can be described as the study of technology and ageing for providing an optimal technological environment for all ageing people. For ageing people, health is of primary importance since physical and psychological restrictions take away opportunities for following ones' ambitions and also because disease and pain command an overdose of attention from the patient as well as from his human environment. So the realization of an optimal health is the purpose that geriatrics and gerontechnology have in common. However, professional medical technology is not usually considered in gerontechnology. But prevention takes a prominent place as the active pursuit of future health. Since prevention of age-related diseases in the 3rd and 4th phase of life is a long term matter, we have to consider preventive technology already in the 2<sup>nd</sup> phase of life – say after 25-30 years of age. Examples are a healthy climate within the home including the kitchen, a well-balanced nutrition, and regular exercise. A next common subject matter is compensation for bodily restrictions, greatly aided by technology means including telealarms, proper spectacles, smart hearing aids, and biorobotic limbs. Also the rehabilitation process itself can be greatly supported by technology. Finally, technology can support both professionals and family and friends in care tasks. Examples thereof are the fields of logistics, telecare, electronic keys, and powered lifting. In conclusion, geriatrics and gerontechnology are both directed toward assisting and supporting ageing persons. While medical technology is outside its present scope, gerontechnology could learn from geriatrics which daily needs of ageing patients and their carers call for technological help. Geriatrics could take an interest in which available products and services can improve the quality of life of its present and future patients.

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During the Pisa Conference the ISG board elected the following board members to the ISG council:

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*Paolo Dario*, Pisa, Italy - vice-president (chair previous conference)

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*Johanna E.M.H. van Bronswijk*, Eindhoven, the Netherlands - editor of the journal.

*Hannele Hyppönen* PhD

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