

List of speakers with brief CVs and abstracts



A Geriatric Medicine View - by Thomas Frühwald, Austria

Thomas Frühwald graduated at the Medical University of Vienna, followed by postgraduate training in internal medicine and geriatric medicine in Vienna and Geneva, and courses in medical ethics and palliative care. He is deputy chief of medicine at the Department of Geriatric Acute Care of the Hietzing Hospital, Vienna. He is also lecturer in geriatric medicine and gerontology at the Medical University of Graz and the University of Applied Sciences in Vienna. In 1998 and 2002 he was Visiting Professor at the Department of Bioethics, University of California. Publications on various general topics of geriatrics: nutrition, delirium, geriatric palliative care, ethics in geriatric medicine.

To name a few present functions: Board member of the Austrian Society of Geriatrics and Gerontology, Board member of the European Union Geriatric Medicine Society, member of the advisory group of experts on Geriatric Medicine to the Austrian Federal Ministry of Health, just to name a few.

Abstract: Polypharmacy – a Geriatric Perspective

Multiple medication use (polypharmacy), described as the routine application of more than five medications per day, is common among the older population for ageing carries the risk of multimorbidity. Unwanted drug events may eventually lead to premature deaths. Patients over 65, particularly those living in care homes, are most vulnerable.

The short presentation will address these issues and indicate possibilities of competently dealing with these problems.



The View of a Clinical Pharmacologist – by Martin Wehling, Germany

Martin Wehling, MD, is Professor em. of Clinical Pharmacology at the University of Heidelberg, Germany. He is also a board-certified internist (cardiologist) and has longstanding experiences in basic science (cell physiology, steroid pharmacology, nongenomic steroid actions), clinical trials (translating basic science into human studies) and clinical medicine (invasive cardiology, endocrinology). He has designed the first positive-negative drug labelling approach Fit-for-The-Aged (FORTA) in 2008 and organized the establishment of the FORTA list to aid physicians in ameliorating drug treatment in older people.

Abstract: Polypharmacy Looked at by a Clinical Pharmacologist

To improve pharmacotherapy in older people, many drug listing approaches have been developed, e.g. the Beers or START/STOPP Criteria. So far, the FORTA(Fit-For-The-Aged)-list is the only listing approach that represents a positive-negative drug list identifying both over- and undertreatment (potentially inappropriate medications PIM AND potentially omitted drugs PPO) and that has been clinically validated. In the VALFORTA trial, improvement of ADL and drug side effects (NNT 5) could be demonstrated. Falls were interventionally reduced as well. Addressing PPO has been found to be clinically more important than addressing PIM. The clinical results show that pure deprescribing is no longer sufficient to improve the prognosis of older patients, as “good” drugs often need to be newly prescribed as well. This combination of stopping PIM and prescribing PPO is now called “represcribing” which should become the standard for future medication optimization approaches in older patients.



Presenting a Geriatrician's View – by Shelley Ann Sternberg, Israel

Shelley Ann Sternberg MD, FRCPC was born in Hamilton (Ontario), Canada. She is a geriatrician and epidemiologist. Her training was at Harvard University and the University of Pennsylvania, and she was on faculty at the University of Chicago Division of Geriatric Medicine, before moving to Israel in 2001. Her clinical and research interests have included dementia, frailty and medication management in older people. She is the author of numerous papers and publications, and was responsible for the National Dementia Program of Israel while working in the Ministry of Health from 2016-2020. She serves on the National Advisory Committee for Geriatrics and has held senior positions in the Israel Geriatric Society. Presently, she is Director of the Shaare Zedek Memory Clinic affiliated with the Hebrew University, and is Regional Director of Geriatric Services and Clinical Investigator at Israel's second largest health maintenance organization, Maccabi Healthcare Services.

Abstract: Polypharmacy in Israeli Older Adults

Polypharmacy is a growing problem in Israel as the population ages. In the last few years, Israel has reached one million people over 65 accounting for 12% of the population. This rate is expected to double in the next 20 years. Data on polypharmacy in older adults from a national MABAT survey will be presented, as well as data from Maccabi Healthcare Services, Israel's second largest health maintenance organization with over 2 million members. Interventions to address polypharmacy in Israel will also be reviewed.



Presenting an Economic View – by Katharina Kieslich, Austria

Katharina Kieslich works at the Department of Pharmacoeconomics at the Austrian National Public Health Institute. Before joining the Institute, Katharina spent many years researching and teaching at the University College London, King's College London and, most recently, at the University of Vienna. Her expertise includes the politics, economics and ethics of priority-setting in health, comparative studies of health technology assessment systems, questions of affordability of high-priced pharmaceuticals, as well as patient and public involvement in health policy.

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She is also involved in capacity building activities on pharmaceutical policy for public stakeholders such as technical experts working on pharmaceutical pricing and reimbursement as well as patient organisations. Katharina has published her research in high impact journals. She holds a PhD in Political Science from the University College London (UCL).

Abstract: The Crux of Polypharmacy from a Health Economic Perspective

Polypharmacy in old age is a clinical, societal and economic concern. Evidence suggests that polypharmacy in elderly populations can lead to higher rates of patients needing outpatient care as well as higher rates of hospitalizations due to adverse drug events (ADEs). While this has potential economic implications for healthcare systems, the relationship between polypharmacy, healthcare utilization and costs still holds many questions. This talk will provide a brief overview of the available evidence of the effects of polypharmacy on healthcare expenditures and the cost effectiveness of interventions to reduce the potential harms of polypharmacy. It will conclude by offering insights into policy instruments that may prove effective in alleviating the negative consequences of polypharmacy.