

REPORT

of Recommendations of The National Consultation on Research Priorities on Ageing in Austria

Introduction and summary

According to the requirements selected researchers, as well as stakeholders interested in the ageing problems have been invited to take part in the consultations.

Methodology

The National Project Team found that the selected sample in terms of number of consultants should not exceed 50, representing the main themes. For an easier handling of the report, the questions and short guidelines were translated into German.

The participants have been selected according to research areas, research institutes and issues. First the selected persons have been addressed and invited to participate in the Consultation. After the positive response of about the half of the experts, information on the Project, the translated questions and advice of how to reply in a period of a month, were send to the consultants. In general the respondents submitted their consultation in time and followed the advices of the Project Team. Of the firstly invited to participate experts amounting to 50, 26 took part, i.e. 52 %, which was considered as an acceptable response rate.

The common attitude of all respondents is that the integrations between all 4 fields is indispensable as a basis of the further research findings. The indication of the priorities however of each of them obviously depends on the professional affiliation of the interviewed. This explains the difficulties of highlighting with the same competency the area apart of their scientific interest and proper findings. No doubt this is impacting the priorities definition on the national level.

Emerging themes

This section will report the responses question by question. We cannot claim full representativeness of our sample yet every effort was made to encourage as wide a response as practicable given the short timescale.

Question 1: Within each of the following key themes (Biogerontology; Social and Economic Resources; Environments of Ageing and Healthy Ageing) what are the three main research priorities for the next 10 years?

Biogerontology

Aging and healthy aging was considered a main priority, but standard values are in many areas still to be defined. Concerning the medication during the aging process pharmacokinetics and -dynamics are relevant for the Austrian consultants. Biomarkers of frailty and genetic disposition of aging models were also mentioned. Furthermore models for the aging of cell lines, research on dementia and vaccination should be research priorities. The development of polypotent cells as device to replace defective organs was mentioned from one consultant.

For Austrian consultants nutrition, metabolism, prevention of dementia and strengthening of immunology and immune systems are also main priorities. Systems biology, Mechanisms of aging, cellular aging and the connection of caloric restriction and longevity are important research priorities. This includes the planning of nutrition guidelines and strategies.

Furthermore the relation of tumour suppression and aging should be analyzed, which includes an analysis of the increasing frequency of cancer in aging. Translational biogerontology should focus on prophylactic treatment of age-related diseases to increase the lifetime without diseases or dysfunctions.

Social and Economic Resources

Insurance was stated as a main topic, especially long term care insurance and nursing care insurance. Furthermore mobility for elderly people should be more in the focus. Another priority should be set on psycho-social problems. A public management for the engagement possibilities of family members of geriatric patients could be installed. Case-related financial and management models for dementia, osteoporosis, heart failures and frailty syndromes were suggested.

Furthermore the flexibility of nursing, medical and home care concepts was mentioned. There should be a life-long learning process and participation to minimize the risk of dementia. Shrinking personnel resources interfere productive aging. Therefore technological support should be integrated, e.g. smart houses, care robots, telemedicine, etc. Also information technology and public transport are relevant. Some Austrian consultants state that innovative forms of funding and work

in a honorary capacity are also important. For Austria migration is also a very relevant topic.

Environments of Ageing

Austrian consultants recommend to focus on age-based public transport, adequate living structures and age-dependent communication. This includes handicap accessibility, technical adaptations of elevators, doors, etc. and lightening concepts.

Priorities that were mentioned are the psychology of the family members of geriatric patients and health policies concerning aging. Physical and psychological resources should be encouraged and the community should be activated to avoid isolation.

Furthermore the different forms and types of living should be analyzed. But also advertising, consumption and cash flow of the elderly should be considered.

Healthy Ageing

Austrian consultants mentioned age-associated dysfunctions and diseases and the prevention of those, e.g. arteriosclerosis-prevention, diabetes, hypertension, and dementia problems. Another research priority should be the therapy of age-associated constriction of visual faculty and hearing. Healthy aging also includes minimally invasive articulation surgery, management of medication and polypharmacy. The use of poly-pills could reduce the consumption of medication.

Another focus should be on nanotechnology in medical care of elderly people. It was recommend to encourage prevention and healthy aging by regular exercise. There should be a research priority in Austria on vaccination of elderly people, infectiology and models of organisational structures of housing space.

Patient information, autonomy, withdrawal of medical treatment and compliance were other catchwords, which were mentioned by the Austrian consultants.

**Question 2: Are there any major research priorities outside of these themes?
If so, what are they?**

Other major research priorities are ethics, sensibility for culture and religion (hygiene provisions and avoidance of infections). A basis has to be set for implicit facilitation of health. Therefore the relevance of actual healthy aging has to be analyzed.

Furthermore Austrian consultants suggest to focus on the special requirements of elderly migrants.

There should be more focus on health themes. Electronic options for medical monitoring and applications of novel technologies for the prevention of subversiveness were mentioned.

Another priority should be the qualitative development of the health care system. This includes the work with the actual technology and medicine, work on processes, networking, but not more new products. Moreover, epidemiology and demography should be other research priorities.

Question 3: Which priorities, in your view, require European collaboration?

Generally Austrian consultants think that there should be more European collaborations on the topic of biogerontology.

Austrian consultants recommend focusing on healthcare and long-term care insurance. Collaborative health promotion projects should be coordinating together with national insurance concepts and projects. This includes the principle of solidarity, analysis of efficiency and a new definition of care professions. There should be less single jobs in the administrative jungle.

Collaborations are required concerning studies of effectiveness and safety of medications for elderly people. Furthermore standard values should be set, e.g. the correlation of BMI and aging, immunoparameters etc. Polypharmacy and multi-morbidity were also mentioned.

Austrian consultants suggest collaborative quality assurance projects with a focus on the quality of the process itself. Ethical aspects in the last phase of life are also relevant. This includes advance directives of the patients, self-determination and safety issues.

The overall goal should be long-term studies and analyses of results of the evaluation of the health care system.

Question 4: What infrastructures are necessary to deliver these priorities at a European level?

Austrian consultants pointed out the importance of national and European funding of research. Infrastructure on a national level and on the European level should be combined concerning the administration (e.g. in Austria, ÖBIG, ministries, universities, research institutes and hospital facilities). Insurance structures were also mentioned.

For Austrian consultants the cross-linking of administrative, research, medical and care fields is very important. Also cooperation with professional associations should be installed or fostered. Furthermore information on planned projects, networking between the scientific societies and research institute were requested. The establishment of a public awareness is very important for Austrian consultants. The financial funding for research should be independent from the industry and their interests, and those budgets should be enlarged.

Cooperation between politics, social insurance agencies, gerontologists and geriatric researchers, research and training are another necessity. The consultants suggest to establish platforms for discussion and to enlarge the traceability of research results by availability of relevant publications. Multiprofessional teams should be encouraged. A network between research institutions and medicine, health care and welfare are requested. This should be realized with long-time pilot projects with different settings.

Some Austrian consultants recommend to install a international research focus agency with a project evaluation system. Also best practice policies could be implemented. This includes the tracking of pilot studies and the exchange of experiences. Also an efficient web-based data management system was requested by some Austrian consultants.

Moreover, there could be workshops on the different topics with the participation of the relevant experts from the different European countries.