

The INTERNATIONAL
ASSOCIATION
of GERONTOLOGY



STATEMENT

FOR THE UNITED NATIONS
DECADE OF THE
WORLD ASSEMBLY ON AGING



WE, THE GERONTOLOGISTS, DECLARE

The International Association of Gerontology (IAG) was founded early in 1950 as a multidisciplinary organization, representing a diversity of scientific disciplines including the biological, clinical, behavioral and social sciences concerned with aging and the health and well-being of the elderly. The primary purpose of the IAG is to improve the communication and exchange of views within and across those disciplines, and between the scholars and scientists of all nations.

Recognizing that:

The initial stimulus for the formation of the IAG was the curiosity among scientists from different scientific disciplines and different countries of the world would accelerate the progress in research leading to a better understanding of the basic mechanisms of aging. At that time, aging, at least in humans, was regarded as a disease that is universally fatal.

It was soon recognized, that aging was an universal biological

phenomenon that ultimately affected all living organisms. The recognition that aging was a "normal" part of the life span and not a disease in itself had a most profound impact on aging research and basic physiological processes that governed the rates on aging even in the human species were regarded as universal. There was a full recognition that behavioral; socioeconomic and environmental factors did have an impact on longevity and health status. Indeed, it became clear that social orders or systems were developed in response to the rapid increase of the number of elderly in the world's population who addressed their specific needs within their societies. In regard, the IAG has provided a unique international forum in which these different social and environmental characteristics have been explored.

Taking into consideration:

The four main purposes are:

1.- To promote gerontological research in the biological, medical, behavioral, and social fields (social

psychological fields) by member organizations and to promote cooperation among these organizations.

2.- To promote training of highly qualified personnel in the fields of aging.

3.- To promote the interest of the gerontological organizations in all questions pertaining to international matters.

4.- To promote and assist in the arrangements for holding the International Congress of Gerontology in intervals determined by the council.

Members of the IAG are convinced that the problems of aging can be best addressed by scientific studies of the basic physiological, clinical and behavioral mechanisms of aging. To them, the critical question is how to minimize the disabilities now associated with advancing age through a better understanding of the processes which are involved and by the potential interventions predicated thereon. This is the scientific approach envisaged by the founders of the IAG.

Some members believe that the IAG should direct its energies toward

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increasing awareness of member nations to the social, economic, political, and medical problems that result from the increasing proportion of older individuals within a society. In their eyes, the problems of aging are more apt to be solved by political actions than by scientific studies.

In the intervening years it is therefore not surprising that the IAG devoted a substantial part of its program to support various political actions to meet the problems of the aged. Good examples are documents and reports the IAG prepared to support the aging program sponsored by the United Nations, for the 1982 World Assembly on Aging held in Vienna. At the same time we must stress that the main task of the IAG is to promote scientific work all over the world for the benefit of the aging population.

Affirm our intention that:

A).- For the future of gerontology, the IAG will maintain its integrity as a scientific organization with a primary interest in developing information that will lead to valid

concepts about the basic mechanisms of aging. This approach namely, the application of science and scientific methodology has been successful in the past for solving problems associated with the health of humans, and we have every reason to believe that it will be successful in the future. Thus, gerontology and geriatrics must be firmly based on science in they want to have an effective impact on the multiple problems of aging.

B).- IAG will retain its role of providing a forum for the presentation and discussion of the problems of aging from many viewpoints. The discussion, however, must be based on facts rather than opinions, beliefs, and hopes. The focus of the attention must be on the processes of aging.

C).- IAG, as an international organization will continue to be aware of the influence of social and cultural differences in establishing priorities and approaches to the problems of aging in different countries. The

language of science hold the key to the future of the IAG.

In order to establish this, gerontology must present a scientific challenge to the developing generation of scientists in all countries. By emphasizing its role as a dedicated scientific organization, the IAG can materially contribute to its world wide development.

D).- The IAG will continue to take its place with other international scientific organizations that are recognized for their contributions to science rather than for their participation in political struggles within and between nations.

This is not to say that these political issues are unimportant. They are, but other international organizations, such as the World Health Organization, provide an arena for dealing with problems through political actions. The IAG will have a much greater impact in the decisions of these political bodies if it continues to do what it does best, namely, SCIENCE.

INTERNATIONAL ASSOCIATION OF GERONTOLOGY

AN APPRAISAL TO THE DECADE OF THE UNITED NATIONS

WORLD ASSEMBLY ON AGING.

Population Aging:

Demographers have documented with increasing accuracy, national, regional and world trends in population aging and the dynamics of population growth. It has been confirmed that older adults represent a heterogeneous group and thus, social policies for aging populations must be targeted for different subgroups of older adults, not for the aged as one homogeneous group.

Epidemiologists, physicians and social scientists are documenting the association between aging, diseases and impaired functioning. Their goal is to relate the observed impairments with the existing and planned needs for various services.

Biomedical, behavioral, and social scientific research continues to identify the types and the extent of problem areas related to human aging. This research has also documented both, the extent to which the majority of older adults remain socially integrated and competent and the possibility that some decremental aspects of aging may be modified.

Experience gained in planning, in both developed and developing countries, provides useful concepts and procedures for problem identification and for program design, implementation and evaluation in response to issues posed by population aging.

But planning has to involve people and their communities explicitly, so plans are becoming responsive to local values, and motivating participants to utilize informal as well as formal resources.

Health Care:

In the last decade, there has been a rapid increase in the body of knowledge concerning the aging process and the functional consequences of physiological aging in man, as well as concerning the state of health and the need for social and/or medical support in old age.

Aging in man is a slow process and important physiological functions are well preserved into later life. Furthermore, there is obviously an increasing variability in functional capacity between individuals during their life up to the age of at least 80.

The present tendency to generalize the aging process from chronological age, has been replaced by a more individual judgement.

There are indications of a more positive attitude towards the possibilities of preventing the functional consequences of aging as well as of disease e.g. by early ascertainment.

Many risk factors become apparent in old age and the need for preventive measures is now recognized not only by the medical profession but also by persons responsible for the general planning of the society.

Epidemiological, longitudinal, health surveys and clinical researches are essential in order to ensure adequate health care. Nevertheless, there is an urgent need for further knowledge concerning the pathological processes occurring at advanced age as well as changes in symptomatology, natural courses of diseases and in the need for treatment. Thus, the perspectives for the future might be positive.

Geriatric medicine is not been neglected, and it has developed or is developing the expertise to manage and coordinate a system that will generate appropriate medical attention.

The main task of geriatric medicine is to prepare preventive measures for age related diseases, to have early diagnosis of diseases, to use adequate therapy at an early stage of disease or in common treatable conditions and to provide efficient management for acute and chronic pathological processes which occur with advancing age.

Generally, the demand for medical services is increasing with age. The occurrence of advanced handicaps and the need for prolonged medical care, however, do not usually rise rapidly until after the age of 75.

Special education and training related to the aging processes are becoming available to the health care professionals.

Specialized medical services are being implemented beyond the primary level, staffed by properly trained personnel who have been provided with knowledge

and technique related to aging.

Research in gerontology, geriatric medicine and related areas of basic and applied research have reached a stage at which with more allocated resources are achieving more appropriate health care programs for the elderly.

Biological Aging:

There is expanding evidence that this type of research provide an increasingly more complete understanding of the changes in structure and function, i. e. to discover the basic biological nature of aging.

Applied gerontological sciences, constitute the basis for developing new methods to provide adequate health and social services to the elderly. Biological gerontology is fundamental for the continual improvement of health and social services. The progress made in gerontological biological research during the last decades will continue to create a basis for such work in the forthcoming years.

One key achievement at the molecular level is the demonstration that genetic material is depleted during aging; Increasing understanding of cellular aging under laboratory conditions, and ability to ameliorate the degenerative aspects of the aging process will ultimately permit quite new therapeutic approaches. Another progress at the cellular level is the demonstration of specific immunological markers on aging cells, the control of this marker system would provide a preventive therapeutic breakthrough.

At the organ-system level it has been established that with aging there is homogeneity with respect to various biochemical and physiological function changes. A further important observation is that multiple organ changes observed in geriatric medicine might also occur in inbred strains of animals under controlled conditions.

At the whole organism level it has been demonstrated that diet modification in laboratory animals delays and, in some instances, prevents accelerated physiological and disease-related deterioration.

Behavioral and Social Aspects of Aging:

The manifestations of aging vary not only from time to time but also from culture to culture, from person to person and from organ to organ.

Manifestations of aging are affected by the genetic program and by the environmental conditions. As a consequence manifestations of aging differ from time to time, as do the environmental conditions. Thus, aging manifestations influenced by environment can be prevented or delayed.

There are indications that a medium level of stimulation and activation is the common denominator for environments improving the well-being of elderly people. Also life styles such as defined by activity and integration and social participation are associated with adjustment in the majority of the elderly. Even in cases of deterioration, intervention strategies, have demonstrated a considerable degree of effectiveness.

In at least most industrialized countries the chronological age is losing its utility as a simple basis for understanding the conditions and capabilities of older adults. They reflect the social and cultural factors that affect men and women as they grow old. Therefore societies are now balancing universal approaches with cultural and individual ones when forming environmental conditions for the aged.

Knowledge about aging is also entering into administrative and organizational channels and communicated to the laymen by mass media and other networks. The basis of this climate should be to provide adequate social security and health care and a system of welfare which meets all aspects of quality of life.

Experts from developing countries as well as those from developed countries recognize and emphasize the decisive role of family for the well being of the elderly, affected by the effects of modernization and urbanization which

have had a great impact on the patterns of family life. The ongoing alternative is to strengthen existing families and support families who care for the aged. Informal as well as formal systems of support provided by non-familial groups or institutions are increased in order to enable even the handicapped elderly to live in their homes as long as possible.

For the minority of frail and vulnerable elderly, day hospitals and day care centers as well as day nursing homes, and long-term care involving family counselling, nutritional services, friendly visitors, home care, self-help groups of older people, are being provided more frequently.

For the whole group, the aging and those caring for them, a basic issue is education; special education and training should be delivered for the increasing number of personnel who will be serving older people. The major task continues to be to educate the entire society about the implications of an aging population and the benefits of long life.

Aging in Developing Countries:

Although there are some similarities. There are also specific constraints which the elderly as well as the young have to face in many developing regions, stressing the problems of hunger, social segregation, limitation of future and family breakup. But even the basic needs of the elderly are exposed to the effects of the rapid rate of social change in their societies.

Traditionally, the aged in these countries formed an integral part of the family unit, holding definite and high-ranking position; aging as such is not a social problem in these societies, because few survived into old age.

Presently, with modern technology and advances in medicine and better life in general, more persons are living to old age, but there are indications that past traditions and approaches in responding to the needs of the elderly continue slowly, but surely breaking down. Certainly, the implications of the demographic trend in the context

of development in third world countries need to be studied now. The concern here is that looking at present in developing countries, economic and social development priorities do not and will not include provisions for the care of the aging, although in the next 50 years aging will have impacts of varying degrees in a number of areas of life in these countries.

A great advance is the raising concern for a policy on aging in order to assure to this increasing number of older persons their basic human rights, full participation and contributions to, as well as protection in the society in which they are a part.

Admittedly, there is already a growing awareness of the problems of aging in some countries of the developing world whereby some governments are making efforts to meet the modern challenges by strengthening the existing institutional support systems.

Generally speaking rural areas in developing countries are partially left out of many meaningful national development programs. Rural areas need modernization and assistance in order to catch up with urban areas and to continue their role of providing food; serious attention is being paid to the development of the rural areas and bridge the gap between the rural and urban areas.

Illiteracy and ignorance are general problems obstructing national development plans in developing countries. Governments must continue to take measures for adult education programs to make the illiterate masses at least functionally literate.

There is a great impulse in the provision of social security or social insurance for the majority of workers, particularly in agriculture, who are not salaried employees.

Opportunities and facilities for housing policies must be designed to support the extended family in providing housing for its elderly members or to provide adequate living conditions.

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II	Saint Louis, USA	1951	E.V. Cowdry	X	Jerusalem, Israel	1975	D. Danon
III	London, England	1954	J.H. Sheldon	XI	Tokio, Japan	1978	M. Murakami
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VIII	Washington, USA	1969	N.W. Shock				

◆ to be held July 4-9-1993