

Background

Evidence-Based Medicine is the hallmark of modern clinical practice and the basis of treatment guidelines. Randomized controlled trials (RCT) and meta-analyses (MA) of their results are regarded the highest level of evidence.

Elderly are systematically excluded from clinical trials for reasons of multi-morbidity and poly-pharmacy (a.o.). However, elderly are treated according to the clinical guidelines that are based on results from clinical trials typically performed in middle aged individuals with single disease.

It is questionable whether treating elderly according to standard guidelines yields optimal results with respect to end-points relevant to older people, such as preservation of function and independence and quality of life



The "pyramid of evidence". Different types of study are regarded to have less (bottom) or more (top) clinical relevance

Mission statement:

"to improve the quality of healthcare for older people by substantiating the evidence for their treatment"

Goals and initiatives

To increase the relevance of clinical trials for the treatment of older people

The institute initiates and coordinates clinical trials with:

- i) Participation of representative older people, i.e. not excluding participation based calendar age, multi-morbidity or other prevalent conditions in old age
- ii) End-points that are relevant to older people, for instance functional status, independence, quality of life

To innovate trial methodology to allow inclusion of more old participants

Innovation of clinical trials is sought in:

- i) Methodology: other study designs than "classic" RCT's may provide adequate assessment of efficacy of interventions. For example, Comparative Effectiveness and Regression Discontinuity have received an increasing amount of attention.
- ii) Technology: the use of internet, smartphones and home-monitoring allows for large scale yet minimally invasive phenotyping

To disseminate Evidence-Based Medicine in Old Age

The institute disseminates relevant knowledge in various ways:

- i) Clinical guidelines by liaising with national and international guideline organizations
- ii) Scientific publications about general aspects of Evidence-Based Medicine in Old Age and about specific treatments that are relevant in old age
- iii) Education of medical doctors about aspects of Evidence-Based Medicine in Old Age

Partners

IEMO is initiated by the Institute for Healthy Ageing (Dutch: Top-instituut Gezond Ouder worden; Ti-GO)

Ti-GO harbors the ambition of all Dutch Universities and University Medical Centers, other knowledge institutions, health insurers and other private partners. It is the ambition of Ti-Go to "improve the quality of life in old age, so that elderly enjoy a healthy old age, stay involved longer in society and live at home longer".

IEMO bridges between the Ti-GO partners to maximize the use of existing experience and expertise

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Instituut Gezond Ouder worden
Institute for Healthy Ageing

www.ti-go.nl

Offer

IEMO actively looks for national and international collaboration with organizations that share the same mission and vision

Collaboration will strengthen the efforts towards our collective goal: improving health and healthcare for older people