The aging population is a looming iceberg that threatens to sink the healthcare system as it sails through the 21st century. For the first time in history life expectancy in developed and developing countries has reached a limit that strains the very system that made longevity possible. Diseases that people used to die from last century are now conditions they live with, and the medical establishment is ill-prepared to deal with the sequelae that chronic disease entails. Chronic disease, coupled with vulnerability to acute illness, frailty, and medications, means that geriatric clinical situations are rarely simple [1]. In a sense, modern medicine is the victim of its own success. But it needs not be so. This and a future issue of the LMJ will offer tangible examples of how geriatric medicine, with all that it encompasses, can mitigate the inexcusable impact of aging on health and health care.

As the population ages, clinicians are increasingly called on to manage older adults with multiple medical problems. The oldest old, arbitrarily thought of as persons 85 years or older, is the fastest growing segment of the population in Lebanon. Persons over the age of 65 constitute approximately 50% of clinical practice and occupy 45% of hospital beds. It has become ever more clear that care for older people will not be delivered primarily by geriatricians [2]. Our role as geriatricians is to help all those who deliver care become more adept in the principles of geriatric medicine. To that effect, the purpose of this issue of the LMJ is threefold: 1/ to introduce basic principles of geriatric medicine and explain fundamental differences between geriatric and adult medicine; 2/ to arouse academic interest and intrigue in the field of geriatrics in order to compel clinicians to pursue further in-depth reading; 3/ to emphasize the interdisciplinary team approach to eldercare. The reader will notice that conditions discussed in this issue have far-reaching effects and cannot be managed in isolation. Comprehensive care is best delivered by a cohesive team of qualified professionals working in tandem with the patient and their caregiver.

The formidable task of selecting the most poignant topics from the vast expanse of geriatric medicine and distilling them in a coherent manner into the few pages of a single journal issue was facilitated by the clinicians themselves. A survey of 200 Lebanese practicing physicians conducted in 2008 uncovered self-identified gaps in training and poorly understood syndromes [3]. It is from these deficiencies that the content of this issue was compiled. These review articles provide an overview of the salient issues in the practice of geriatrics rather than an exhaustive discussion…a launching point to the pervasive world of academic geriatrics. Some cross-disciplinary topics such as perioperative care, end-of-life care, pain management, and osteoporosis have been covered in recent issues of the LMJ and were therefore excluded despite their monumental importance. A hands-on clinical focus was favored in these articles, but in some cases a basic understanding of the underlying pathophysiology can strengthen clinical acumen. Whenever possible, regional applications were featured for the benefit of local clinicians; however, due to the scarcity of geriatric research in Lebanon and the Arab world, this was not always possible.

Within these constraints, we have tried to emphasize the art of geriatrics – the personal touch, the team approach, the communication challenges, and the tremendous satisfaction of improving the quality of someone's life, however briefly, even as we make little impact on the disease [1]. To this end I am in debt to the authors who have contributed to this special issue of the LMJ. They represent a distinguished cohort of clinicians and researchers from Lebanon and abroad dedicated to advancing knowledge and improving the quality-of-life of older people. The selection of contributors reflects my strong belief in reaching across disciplines, across institutions, and across borders, and in collaboration to promote creative and productive advances in this scholarly field.

A forthcoming issue of the LMJ will address public health and psychosocial aspects of aging. Together, we hope to introduce the skills necessary to provide comprehensive, high quality, and age-appropriate care to older persons in a cost-effective manner.

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3. Hajjar RR. Unpublished data; presented at the annual meeting of the American Geriatric Society, 2008; Washington, D.C.

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