

New horizons in geriatric urology

Hyung Jee Kim*Department of Urology, Dankook University College of Medicine, Cheonan, Korea*

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As the human life-span grows longer with developments in modern medicine and the birth rate slows, the rapid aging of the world population has become a major global demographic trend [1]. Korea is no exception. According to the National Statistics Office, the Korean population over the age of 65 years in 2014 accounted for 12.7% of the total population [2]. This figure increased more than twice compared with 5.1% in 1990. In 2026, about 20% of the total population is expected to be more than 65 years old. This means that in 11 years, one in five people in Korea will be elderly. As the elderly population increases, their health problems have emerged as important personal and social problems. The number of people with age-related disease has increased substantially [3]. Many elderly persons experience disease, disability, and dependency, with high costs for health and social care [4].

With the aging of the population, other specialties such as dementia have been emphasized because they tend to serve the geriatric population. However, Dugan et al. [5] propose that urology holds a unique position in the provision of geriatric care because urologists manage personal, often very “private,” aspects of the elderly adult’s physical and emotional well-being, such as control of urination. Drach and Griebing [6] refer to urologists as the “hidden providers” of geriatric care, ultimately sought out by many geriatric patients. In urology, the percentage distribution of patients by physician specialty by those aged 65 years and older and enrolled in Medicare is 46.2%, whereas the corresponding

percentage is 26.6% in neurology [6].

Major geriatric urological diseases include urinary incontinence, urological cancer, bladder outlet obstruction such as benign prostatic hyperplasia, sexual dysfunction, and urinary tract infection. In addition to major diseases, other specific diseases or abnormal status such as perioperative delirium, fluid and acid-base imbalance, polypharmacy, and postoperative pain require special interests and education. Because these frail elderly patients represent some of the most complex individuals seen in urological practice, they often require specialized care [6]. Besides urological and other specific diseases, urinary catheter indwelling due to voiding dysfunction and urinary tract infection are special problems in nursing homes. Unfortunately, however, compared with other medical problems that are common to the elderly, social awareness and institutional support to geriatric urological diseases and cares are relatively low. Improving this weakness will require the hard work of urologist directed at society and public institutions. Such things can be more easily accomplished when done by a group.

Therefore, many urologists have desired to found a society for the care of older urologic patients and nursing home patients. As a result, the Korean Society of Geriatric Urologic Care (KSGUC) was founded in 2014. The founding purposes of the KSGUC are to promote research in geriatric urology, promote the study of urologic care, and provide policy for public health.

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Corresponding Author: Hyung Jee KimDepartment of Urology, Dankook University College of Medicine, 119 Dandae-ro, Dongnam-gu, Cheonan 330-997, Korea
TEL: +82-41-550-6630, FAX: +82-41-550-7053, E-mail: killtumor@dankook.ac.kr

Urology will provide opportunities to broaden both basic and clinical research in the field of geriatric urology, especially urinary incontinence and urinary tract infection in the elderly. The KSGUC hopes to contribute to expanding the knowledge of major urologic problems in geriatrics and to enhance future perspectives in geriatric urology.

CONFLICTS OF INTEREST

The authors have nothing to disclose.

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