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A New Stage of Development of Gerontology and Geriatrics in Russia: Problems in Creation of a Geriatric-Care System. Part 2. Structure of the System and a Scientific Approach

V. N. Anisimov[a], *, V. Yu. Serpov[b], **, A. V. Finagentov[c], *, and V. Kh. Khavinson[d], ******

[a] *Petrov National Medical Research Center of Oncology, St. Petersburg, 197758 Russia*
[b] *St. Petersburg Geriatric Medico-Social Center, St. Petersburg, 190103 Russia*
[c] *Northwest Institute of Geriatrics and Medical Social Design, St. Petersburg, 190005 Russia*
[d] *St. Petersburg Institute of Bioregulation and Gerontology, St. Petersburg, 197110 Russia*
**e-mail: aging@mail.ru*
***e-mail: ggs-admin@mail.ru*
****e-mail: szipc@mail.ru*
*****e-mail: ibg@gerontology.ru*

Abstract—This publication is the second part of an analytical review of a new stage of development of gerontology and geriatrics in Russia. The components of a social-support system for senior citizens and the structure of social and medical support as its crucial components are presented. The problem of positioning the geriatric care within the system of social support for senior citizens, as well as its peculiarities and an algorithm for providing geriatric care, are discussed. The analysis of this algorithm allowed us to confirm that there is an indissoluble link between and a continuity of individual components of geriatric care and its cost effectiveness. The position of the Russian Federation Ministry of Health concerning the introduction of geriatric care as an element in the system of medical care for older citizens is shown. The "Territory of Care" pilot project proposed by the Russian Federation Ministry of Labor and Ministry of Health for establishing a long-term system of medical and social care for citizens of the older generation based on the principles of multidisciplinary and interdepartmental interaction is presented as well. Some flaws of the project are highlighted, and recommendations for its improvement are given. The role of gerontology as a systemic basis for providing geriatric service in Russia and developing an integrated system of social and medical care for citizens of the older generation is underlined. The main priorities in the field of aging in the forthcoming decade are formulated. The most promising areas of research in the field of gerontology are discussed, the implementation of which will allow implementing state social-policy goals focused on the quality of life of senior citizens. Finally, the position of the Gerontological Society of the Russian Academy of Sciences regarding the creation of mechanisms of scientific supervision for the renovation of geriatric services, including collaboration with experts in the field of practical medicine and social workers, and organization of scientific coordination of all work performed for the development of geriatric care for the citizens of older generation are presented.

Keywords: elderly persons, medico-social care, geriatric service, interdepartmental interaction, research programs, gerontotechnology, public control

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SOCIAL SUPPORT OF SENIOR CITIZENS AND CREATION OF A GERIATRIC-CARE SYSTEM

The Place of Geriatric Care in the System of Social Support for Senior Citizens

The narrow-departmental approach in the planning of development of social support for the citizens of the older generation (COGs) resulted in the closure of geriatrics services in the majority of Russian regions, which were created at the turn of the 21st century as part of implementing Order of the Russian Ministry of Health no. 297 of March 28, 1999 [1].

In Part 1 of the work, we elucidated the composite medical, social, and psychological nature of geriatric care (GC) [18] that corresponds to international standards [12, 19–21] and showed that the medical component of GC is linked to social and psychological ones (Fig. 1). The basic goal of GC is to implement a set of support measures for each citizen taking into consideration his or her individual psychophysiological state. The medical component is the main component of GC, which significantly differs from medical care for patients of other categories—namely, people of working age and children—both quantitatively and qualitatively.

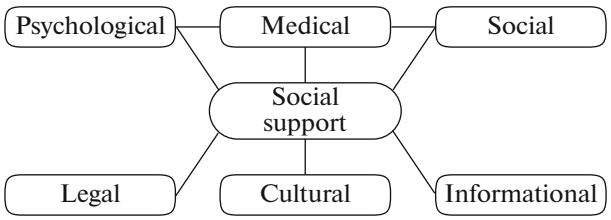

Fig. 1. Components of social support for the citizens of the older generation.

The law On Fundamental Healthcare Principles in the Russian Federation [2] (hereinafter, the Law) does not contain the concept of GC as a component of the system of healthcare for citizens and does not entail any social and psychological services in healthcare institutions. In 2014, the Healthcare Committee of the administrative authority in one of the subjects of the Russian Federation, responding to a question from the plenipotentiary representative of the President of Russia in the Northwest Federal District regarding the perspective development of the GC system, stated that the former is absent in the region, because it is not envisaged by the Law.

GC cannot be included in the Social Security of the Population system, because the Russian Ministry of Labor does not deal with the matters of healthcare of citizens under the law On Public Social Services in the Russian Federation [3], and employees of its institutions cannot provide medical services.

The only possible solution to the controversial situation was formulated by President of Russia V.V. Putin in a speech at the Presidium of the State Council of Russia in August 2014 [13]: social support for COGs by the government must be integrated. This approach is detailed in the Action Strategy for the Good of Senior Citizens in Russia until 2025 [6] (hereinafter, Strategy) and in the Action Plan for Implementing the First Phase of the Strategy until 2020 [7]. The analysis of the components in Fig. 1 allows positioning the components of social support for COGs.

Integrated social and medical care for COGs is an important component of social support for this category of the population. Its structure, which corresponds to the Strategy, is shown in Fig. 2. A number of blocks in the figure represent the departments of geriatric service, which confirms its status of a component of the system of social support for COGs.

Positioning the GC within the system of social support for COGs requires accurate distinguishing of the characteristics of this support. Figure 3 shows the GC components. Analysis of the figure components allows highlighting the features of GC as a specific medical, social, and psychological assistance to COG:

—the integrated nature of GC and the systemic unity of certain types of GC are achieved by their succession in combination with the continuity and long-term nature of providing geriatric care for patients;

—localization of certain types of GC allows using facility-replacing gerontology technologies in providing long-term medical and social assistance to geriatrics patients; and

—quantitative and qualitative prevailing of preventive measures and rehabilitation for age-associated diseases, which cost significantly less than do hospitalizing a patient or home caregiving; thus, their application allows budget saving.

Figure 4 shows the algorithm of providing GC. The analysis of the algorithm allows drawing the attention of the readers to the most important factors of management of GC as a long-term and continuous process:

—the basis for providing GC to an elderly person is the geriatric assessment of the patient in clinics at the phase of primary diagnostics;

—providing GC at a hospital, as geriatric and palliative assistance, nursing, and medical rehabilitation are approved by a screening committee, which allows for a differentiating approach to geriatric care for COGs;

—the presence of feedback in the Supportive Measures block in the figure shows the succession and duration in time of individual blocks and their close connection in the structure of GC; and

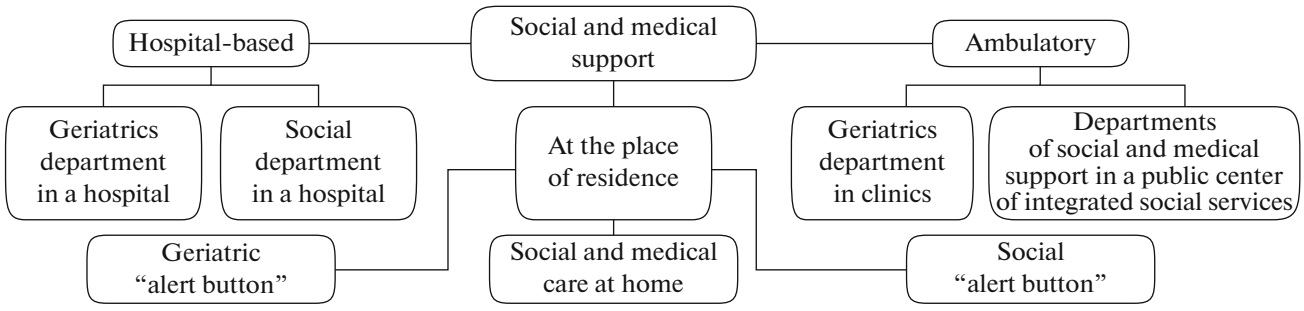

Fig. 2. Structure of integrated social and medical support for citizens of the older generation.

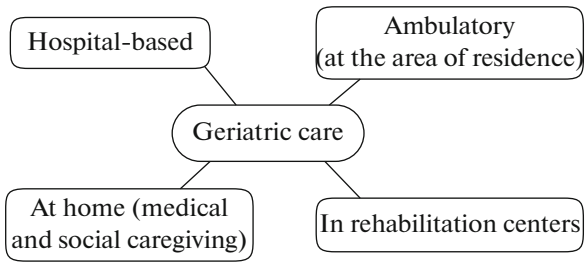

Fig. 3. Components of geriatric care.

—providing social and medical support in geriatrics departments at the place of residence is a basic component of GC.

Common use of the mechanisms of prevention of, and rehabilitation after, age-associated diseases allows extending the period of life activity for an elderly patient without his or her regular hospitalization (both routine and emergency).

The specifics of the methodology of providing GC:

—ensures a differential approach to forming an integrated services of medical and social support for each patient taking into account his or her current psychophysiological state and the dynamics of age-associated diseases;

—medical and social psychological support with the use of special gerontology technologies is of long-term nature and lasts from the moment of registering geriatrics patients until the status of geriatric care changes to palliative care;

—medical-drug involvement is reduced owing to the use of integrated medical and psychological methods and health-improving measures at each phase of the geriatric care of a patient; and

—the frequency of emergency hospitalization is minimized due to routine hospitalization in geriatric hospitals, improvement of preventive measures, and rehabilitation of chronic age-associated diseases in geriatrics departments in clinics at the places of residence of COGs.

It should be noted that the provision of GC does not require an elderly patient to refuse regular medical care of various profiles, including emergency care at home and hospitalization [14, 15]. Figure 5 shows a diagram from the report of Assistant Minister of Health of the Russian Federation T.V. Yakovleva "Basic Priorities of Developing Healthcare in the Russian Federation. The Role of Main External Experts." Analysis of the diagram shows the priority of GC within the system of healthcare measures for COGs. General coordination of medical support for COGs remains with the Geriatrics Center in the subject of the Russian Federation and the Federal Science Center of Gerontology and Geriatrics. In this context, geriatrics is considered to be the most important component of medical support for senior citizens.

The introduction of direct links between geriatrics departments and social services to the diagram indirectly confirms the interdepartmental nature of GC (Fig. 5).

The arguments and reasons laid out in this article make it abundantly clear that GC must transition to an interdepartmental line of development, which requires addressing organizational, financial, and methodological problems.

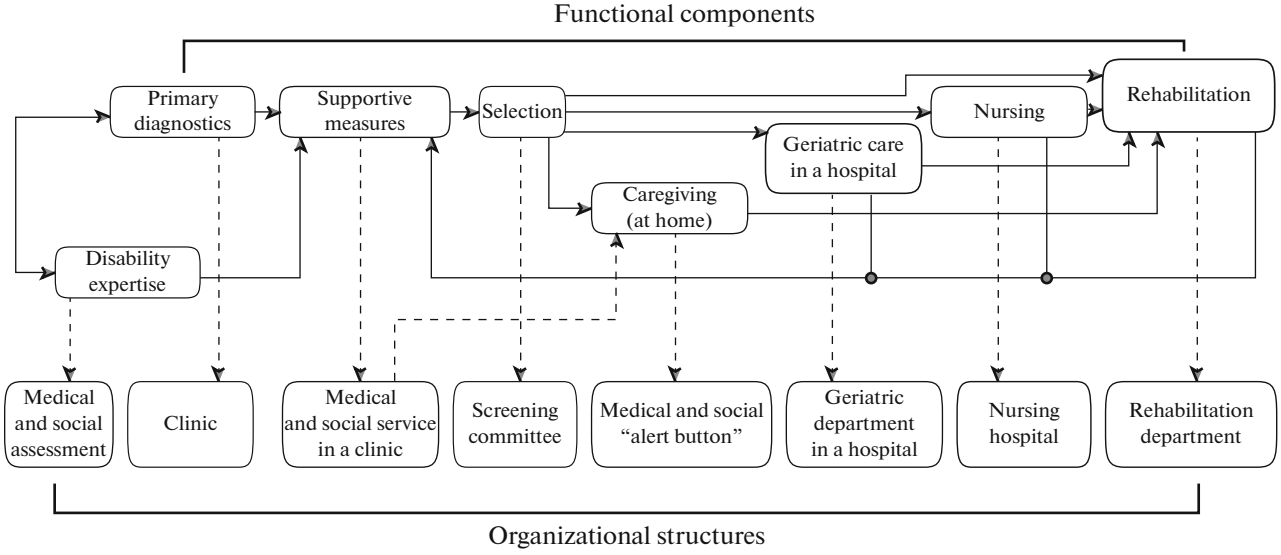

Fig. 4. Algorithm of providing geriatric care.

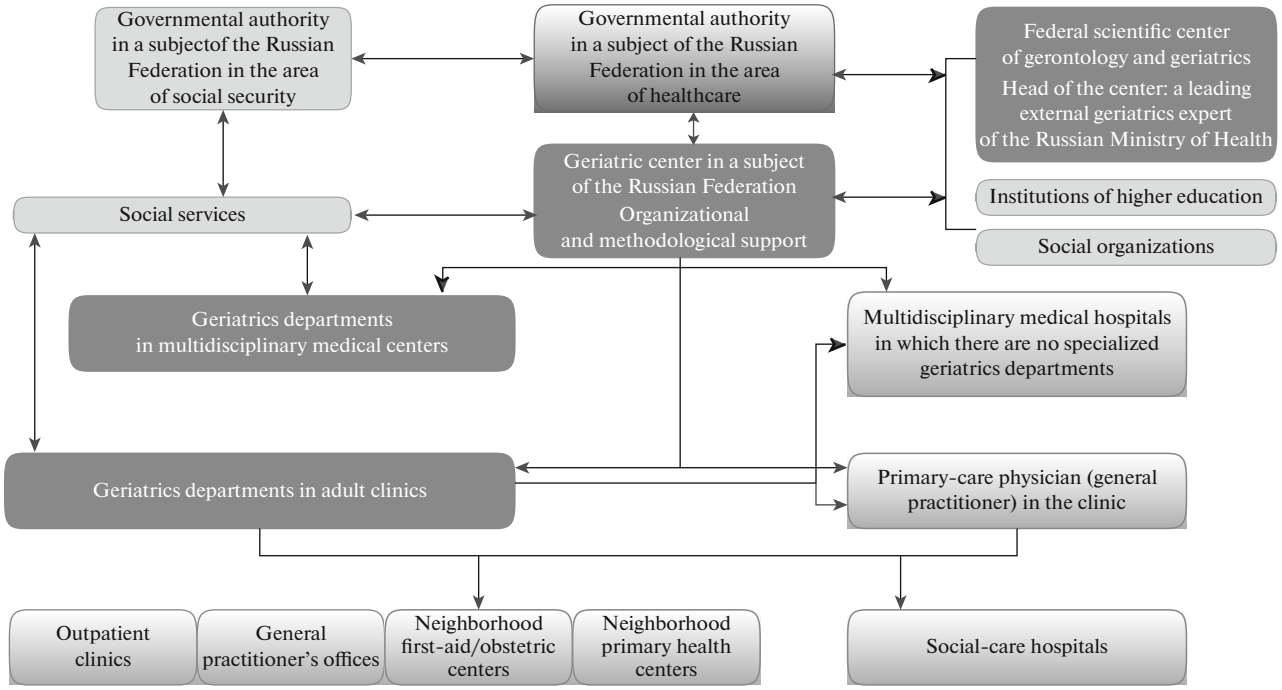

Fig. 5. Diagram of organizing medical support for senior citizens in Russia.

Modernization of the System of Social Support for Citizens of the Older Generation and Creation of Geriatrics Services in the Regions

To provide integrated medical and social support to COGs, there is no need to change the established administrative and departmental structure of public-healthcare and social-support institutions. The presence of interdepartmental regulation of federal and regional levels and direct contracts between healthcare institutions (geriatrics departments) and public social-support institutions providing services to COGs (in departments of public centers of integrated social support) allows ensuring the integration of the service in accordance with the unified standards on the sites of the aforementioned departments by involving experts from the partner structures [18].

Let us study the particular features of the established system of state social support of COGs in the context of planning geriatrics services in the regions:

—quite a wide range of services provided to COGs by state institutions of social, medical, psychological, and educational profiles (Fig. 1); "autonomation" of certain types of services at a relatively low level of informational accessibility;

—grouping types of services by departmental characteristic with planning on a "what is achieved" basis, departmental funding, and an accounting system; the absence of the possibility of providing a patient with an integrated social and medical service (Fig. 2);

—due to a departmental dissociation, absence of a technical possibility to use the differential approach when forming the integrated bundles of services considering the individual features of the citizen: his or her psychophysiological state, need, social and property status, place of residence, etc.;

—departmental inconsistency, primarily at the regional level, in amounts of, nomenclature of, and demand for certain services, mainly those that may be classified in the category of "intersectoral"; a typical example of an intersectoral service is medical and social support provided to COGs by specialized healthcare institutions—geriatrics departments and social support at home, which is provided to COGs by public social-security institutions;

—absence of scientific justification for the ratio of the amount of individual services for an individual patient and absence of the possibility to perform personal requests regarding the amounts, priority, and availability of these services as part of a single integrated service; and

—absence of methodological support in forming the integrated service for COGs at the regional level due to the fact that a regulatory framework and system structures that could provide such support and control of the state and private institutions are not developed.

Considering the above-mentioned features of the system of state social support for COGs, the creation of a geriatrics service in a subject of the Russian Federation requires the following:

—an interdepartmental integration of public-healthcare and social-support institutions, providing

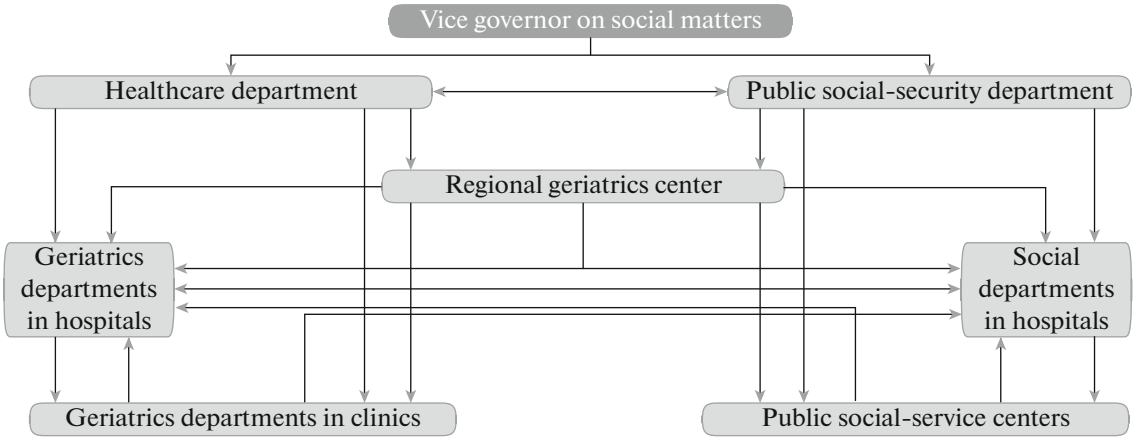

Fig. 6. Interactions between the medical and social services in geriatrics. Pilot project "Territory of Care."

social services to COGs, particularly at the regional level;

—creation of an integrated service of medical, social, and psychological support for COGs taking into account the needs of individual citizens, unified accounting of the amounts of individual types of services, regardless of their belonging to one or another department, in particular, providing these services in electronic form (creation of a unified information system);

—ensuring the availability of each type of required service and a differential approach when determining the parameters of an integrated service for a certain consumer; transitioning to planning and funding "consumer-based" integrated services, which will allow optimizing the structure of the integrated service and the sources of funding;

—assigning independent groups of state healthcare institutions (geriatrics service) and public social security aimed at providing specialized integrated service to COGs, working in accordance with unified standards, and bound by contractual relations at the territorial level (district, municipality);

—active engagement of nongovernmental structures—voluntary associations, socially oriented nonprofit organizations, commercial companies—in providing the specialized integrated service to COGs in different territories.

Following the "Action Plan on Implementing the First Phase of the Strategy" [7], the Ministry of Labor and Social Security of the Russian Federation and the Ministry of Healthcare of the Russian Federation launched the interdepartmental pilot project "Territory of Care" [15, 16]. The goal of the project is management of the system of long-term medical and social support for senior and elderly citizens based on the principles of interdisciplinary and interdepartmental interaction, which includes the creation of geriatrics services in the regions in 2017–2019.

Figure 6 represents the structure of interaction between healthcare and social security institutions on the geriatrics within the frameworks of the pilot project in a subject of the Russian Federation [16]. The following tasks were defined as priorities:

—development and approval of the regional set of measures aimed at providing medical and social support to COGs;

—preparation by the basics of geriatrics medical and social support for COGs for doctors of various disciplines, paramedics, social workers, and caregivers;

—development of the structure of geriatrics service in accordance with the Procedure of Providing Medical Care to the Population in the Geriatrics Profile [5];

—development and adoption of regulations for interactions between medical institutions and the public social-security service in a subject of the Russian Federation;

—introduction of new forms of medical and social support for COGs: mobile geriatrics teams, geriatric home nursing, social-rehabilitation rooms, etc.;

—optimization of elderly patient routing on the basis of an interdisciplinary approach and providing interaction between the geriatrics service and the primary interlocking of healthcare, rooms, and departments of medical preventive measures, structures providing specialized and palliative support and medical rehabilitation.

According to reports in the mass media, seven regions will participate in the project implementation: Samara oblast starting from 2017 and Volgograd, Voronezh, Kaluga, and Belgorod oblasts, the Republic of Bashkortostan, and Perm krai starting from 2018.

The relevance of the project for Russia is unquestionable, especially with regard to the necessity to save budget funds. At the same time, there are several principal factors that pose questions:

—in the information sources, there are no detailed plans of the measures under the pilot project, which may suggest the absence of its scientific validation and methodological elaboration;

—information on different regions presented by the mass media, for example, in Saratov oblast, is of a fragmentary and declarative nature; according to the presentations at the Second All-Russian Congress on Gerontology and Geriatrics in Moscow in April 2017 [16] and the international forum Older Generation in St. Petersburg in April 2017, the pilot project entails the creation of only benchmark departments of geriatrics in the regions (two or three departments at the ambulatory level and one geriatric department of a hospital); when deploying only benchmark department in each region, the reach of geriatric care will not exceed 500 patients; in this case, it is impossible to create a three-level functionality of GC (Figs. 3, 4) and ensure availability and quality of GC for COGs who need it on the regional scale; and

—the selection of regions for participation in the project is controversial, as it would be logical to include all the federal districts in it (due to the convenience of further distribution of the experience), especially Moscow and St. Petersburg (considering the presence of resources and experience).

Another important condition for the successful realization of the "Territory of Care" project, especially with regard to its interdepartmental nature, is elaboration of the existing regulations and release of new ones, which we pointed out in Part 1. The laws On Fundamental Healthcare Principles in the Russian Federation [2] and On Public Social Services in the Russian Federation [3], which regulate the provision of integrated social and medical support to COGs, must be amended as soon as possible. There are no fundamental contradictions that require the laws to be amended, but the textual analysis of the name and content of the laws [2, 3] shows that they are not oriented at a narrow department. Introducing additional articles to the Law [2] to regulate GC will create a legal platform for implementing the Strategy at a federal level.

To remove departmental barriers when creating the geriatrics services in the regions, with regard to the system of distributing the responsibility between the Federal Center and the subjects of the Russian Federation, it seems reasonable to issue specialized legislative acts in the subjects of the Russian Federation that would regulate integrated social and medical support for COGs. The absence of such acts will significantly complicate the interdepartmental interaction of governmental institutions shown in the relationship shown in Fig. 6, in particular, the coordination of geriatrics with the public social security institutions.

Practical experience confirms the necessity of accurate regulation of GC both at the federal level and at the level of separate regions. In St. Petersburg, where a three-level geriatric service has been successfully operating for 20 years in 50 healthcare institutions, providing services to over 250 thousand citizens of St. Petersburg every year [18], a number of legislative acts and regulatory documents regulating the operation of the geriatric service were developed in 2011–2015 [8–11]. In particular, the Legislative Assembly of St. Petersburg prepared a draft law On the Provision of Geriatric Medical and Social Support to the Population of St. Petersburg, adopted amendments to the regional Law of St. Petersburg On Organization of Healthcare of St. Petersburg Citizens [9], and prepared and submitted a proposal "On Amending the Federal Law On Healthcare of the Citizens of the Russian Federation" as a legislative initiative to the State Duma of the Legislative Assembly. Unfortunately, these amendments were rejected due to formal characteristics. In 2012—2017, there were a number of regulatory departmental documents introduced in St. Petersburg that regulate various aspects of interaction between geriatrics departments, healthcare institutions, and public social-security institutions providing services of medical and social profile to COGs. These documents can be used during the implementation of the "Territory of Care" pilot project and further in the creation of a geriatric service on the scale of the entire country.

The work of the administration authorities of the Russian Federation subjects on the creation of geriatric services in the regions as part of the "Territory of Care" pilot project [16] must become the catalyst of modernization of the system of social support for COGs in Russia.

In our opinion, the defining factors in the creation of the GC system, due to its complexity and interdepartmental nature, as well as the multifaceted problems solved in the process of stabilization of the state of a geriatrics patient in the long term, are a necessity of a scientific approach to the analysis of general trends, revealing the significant factors affecting the psychophysiological state of the patient, and elaborating optimal strategies, methodologies, and algorithms of social and medical support of patients.

THE PROBLEMS OF GERONTOLOGY IN THE CREATION OF A SYSTEM OF GERIATRIC CARE

Gerontology as a Basis of the System of Geriatric Care

Regular medicine extends lifespan by preventing death from age-associated diseases. As a result, the number of elderly patients is growing, which ultimately bears heavily on the government and society on the whole. Antiaging medicine will slow down aging and delay the onset of age-associated diseases [26, 33]. The experience gained by the leading domestic and foreign institutions providing medical and social sup-

port to citizens of the older generation allows determination of the main priorities of studying the process of aging in the forthcoming decade [34]:

—healthy aging for extending lifespan;

—maintaining and restoring mental health;

—involvement and contribution of the elderly in society and labor;

—ensuring quality of the systems of social security and maintaining them;

—happy aging at home and in society;

—unequal aging and age-related inequality; and

—biogerontology: from mechanisms to effects.

In the open letter published on April 4, 2006, on the Longevity Science website signed by 57 leading gerontologists from around the world [32], it was stated that "it is possible to slow down aging and extend life activity" in laboratory animals (nematodes, drosophilae, mice, etc.). Thus, based on the similarities of the fundamental processes of aging, "there are reasons to think that human aging can be slowed down as well." The expansion of our knowledge of aging will allow better resistance to distressing pathologies related to aging, such as cancer, cardiovascular diseases, type 2 diabetes, and Alzheimer's disease.

"Therapy based on the knowledge of fundamental mechanisms of aging will contribute to better resistance to these age pathologies. By intensifying research on the fundamental mechanisms of aging and searching for ways to slow them down, it is possible to achieve greater results in the long run than by direct addressing the pathologies of age." Because the mechanisms of aging are become increasingly clear, "it is possible to develop effective tools to intervene in this process. This will allow a significant amount of people to sustain a healthy and productive life for a longer time."

Many leading gerontologists believe that it is time to consider not only therapeutic opportunities of treating age-associated diseases, but also initiate clinical trials ultimately targeted at extending the healthy lifespan (and, without doubt, longevity) of the human population, respecting the doctor's principle of *primum non nocere* [26, 28, 29]. The most promising lines of development are

—pharmacological suppression of the growth hormone axis/IGF-1;

—protein-intake limitation and diets imitating deficiency of food;

—pharmacological suppression of the mTOR–S6K pathway;

—pharmacological regulation of certain sirtuin proteins and using spermidine and other epigenetic regulators;

—pharmacological suppression of inflammation; and

—extended use of metformin.

In 2000, the US National Institute of Aging launched the Interventions Testing Program (ITP), which uses mice to test approaches with a potential ability to extend lifespan and slow down the development of diseases and disorders [30, 31]. Such approaches include using pharmacological substances, nutraceuticals, food products, diets, food supplements, vegetable extracts, hormones, peptides, amino acids, chelate agents, and antioxidants. Intervention requiring intense forms of administration, such as daily injections or probe administering, will not be studied within the ITP. Among the substances in the ongoing trials are resveratrol, curcumin, green-tea extract, *N*-acetylcysteine, and simvastatin. In Western Europe, such experiments have not been carried out in recent years, possibly due to their complexity, duration, and high cost. In Russia, a very limited number of institutions are currently studying the carcinogenic potential and geroprotective activity of pharmacological substances at the international level.

Russian scientists have developed and have been successfully using the standard protocol of testing potential geroprotectors, the main part of which is in in the guidelines published as two editions of *Biological Aging: Methods and Protocols* [24, 25]. The described methodology of testing has been used in the research of biological activity of more than 30 pharmacological substances [17].

In 2001, a proposal to create an international project to assess the effectiveness and safety of geroprotectors was approved [22]. Such a project can be based on the well-proven programs of assessing the carcinogenic risks of chemical substances for human being and assessing the measures of preventing cancer implemented by the International Agency for Research on Cancer (IARC). This research institution of the WHO was created in 1965 based on the funds of 14 constituent states, including the Soviet Union, in response to a major challenge of the 20th century—a rapid growth of the occurrence of malignant tumors and associated deaths. Over the 50 years of its existence, the IARC became a global leader in cancer epidemiology, expert assessment of the programs of cancer-screening tests, and assessment of carcinogenic dangers of chemical substances, industrial processes, and other factors of the environment for human beings, as well as means of cancer prevention, representing a vivid proof of the effectiveness of the international collaboration in the fight against cancer [27]. A main challenge of the 21th century is, without a doubt, the global aging of the Earth's population [34]. At a symposium of May 2017 in Geneva, which was dedicated to expert assessment of modern approaches to aging prevention, Russia scientists proposed to create an agency similar to the IARC, an International Agency for Problems of Aging to be affiliated with the WHO [23]. The tasks of this agency could be:

—assessing the demographic aging on five continents;

—creating guidelines on prevention of aging;

—developing programs for testing means of prevention of premature aging;

—solving the social problems faced by the elderly, including violence, loneliness, poverty, and relations between generations;

—education for the elderly;

—the elderly as a labor resource; and

—the elderly as guardians of traditions and culture.

Participation of the Scientific Community in the Process of Creating a Geriatric Service in Russia

The creation of a geriatric service on a countrywide scale within the framework of implementing the Strategy may be classified as a problem of applied nature with regard to administrative, social and political, demographic, financial, and legal factors. We plan to study this matter in detail in Part 3 of this analytical research and methodological review.

In this article, we deem it necessary to draw the attention of experts to the importance of scientific supervision of the planned modernization of the system of social and medical support for COGs. Unfortunately, some administrators responsible for the implementation of the requirements of the governmental policy regarding the development of geriatric care believe that it is possible to limit the participation of gerontologists, assigning to them the task of putting a stamp of approval on already-made administrative decisions. With such an approach, gerontology is reduced to the level of an applied science. Funds for research are allocated residually to individual governmental structures by name, not for the purpose of solving particular problems relevant for the process of creating a geriatric service. The algorithms and methods chosen without scientific approval and introduced in the practice of state institutions obtain the status of "scientifically validated" and "innovative."

To achieve a socioeconomic effect from the creation of the geriatric service following the instructions of President V.V. Putin [4] and implementing the Strategy [6], it is necessary to provide scientific coordination and support for the creation and development of a GC system in Russia:

—creation of an Interdepartmental Scientific Coordination Council on the Problems of the Elderly affiliated with the Russian government, which would include representatives of the Russian Academy of Sciences, Ministry of Healthcare, Ministry of Labor, State Duma, Council of Federation of the Federal Assembly, scientific community, and practicing experts; the creation of identical coordination councils in all federal districts of the Russian Federation;

—creation of research and methodological geriatric centers at the macroregional level involving the leading gerontologists working in the regions;

—creation of a system of information and personnel support in the forming of geriatric services in the regions, including retraining of specialists and volunteers in the subjects of gerontology and geriatrics, recruiting specialists for public healthcare and social-security institutions providing social and medical support to COGs; and

—implementation of integrated research programs dealing with gerontology and geriatrics at the federal and regional levels involving socially oriented nonprofit organizations.

Let us highlight the most significant forms of interaction of the scientific community with specialized governmental authorities and public healthcare and social security institutions providing a set of social and medical services to COGs, primarily with those providing the geriatric services to be created:

—state orders and grant support of research in the area of gerontology at the federal and regional levels;

—using the results of research on the subjects of gerontology and geriatrics in the planning of the creation and development of the geriatric-care system and adopting the obtained results and new gerontology technologies in the practice of geriatrics departments, public healthcare, and social-security institutions;

—involving gerontologists as consultants (contract-based) in the work on the creation and development of the geriatric-care system; and

—implementation of integrated interdepartmental programs including the results of academic and research work in gerontology and their deployment in the practice of geriatric services.

The use of the potential of the scientific communities that have been established in Russia is a significant factor in enabling effective interaction between gerontologists, governmental authorities, and practicing experts is. The Gerontological Society, along with the Russian Academy of Sciences, plays a leading role among such communities, as it has a developed branch network, enjoys a high level of international respect, has a huge amount of experience in scientific research, and as independent from specialized governmental authorities. The main goals of the Society, which was founded to support the development of gerontology and geriatrics in Russia in the creation of the geriatric service, are

—collaboration between the Board of the Gerontological Society with governmental authorities, the Russian Academy of Sciences, and scientific centers at the federal level as part of the operation of the Interdepartmental Scientific Coordination Council on the Problems of the Elderly with the Government of the Russian Federation;

—operation of the regional departments of the Gerontological Society in cooperation with the Board of the Gerontological Society and specialized governmental authorities of the Russian Federation at the macroregional and regional levels as part of the operation of the Interdepartmental Coordination Councils;

—research and methodological support of the Federal Center in the areas of gerontology and geriatrics and macroregional research and methodological geriatrics centers initiating practice-oriented research programs at the macroregional and regional level, which promote the creation of geriatric services with regard to the features and potential of individual regions;

—popularization, public awareness, and publishing activities in the area of the newest gerontology technologies and conducting and participating in forums, meetings, and conferences dedicated to modernization of the system of integrated social and medical support for COGs; and

—interaction with social organizations and socially oriented nonprofit organizations as part of the support and social control of the governmental programs aimed at the creation of a geriatric service in Russia.

CONCLUSIONS

Let us briefly outline the conclusions of Part 2 of the analytical research and methodological review.

Geriatric care is a critical component of integrated social and medical support for the citizens of the older generation. The basic component of the geriatric care is medical, which differs significantly from the medical support provided to other categories of patients in quantitative and qualitative respects.

Geriatric care should be viewed as a top-priority component of medical support to the citizens of older generation and be available to each senior citizen who needs it. Receiving geriatric care by the patient does not entail their refusal to receive other types of medical care.

Geriatric care and its particular features (continuity, precedence, and the indissoluble link between its components), interdepartmental nature (medical, social, and psychological), and social preference must be considered a separate interdepartmental area, which implies independent solving of organizational, financial, and research and methodological problems.

The provision of an integrated service of a long-term medical and social support to the citizens of the older generation does not require changing the established administrative and departmental structure of public healthcare and social-security institutions. The problem is solved by organizing interdepartmental interaction, namely, within the operation of the geriatric service being created in Russia.

The implementation of interdepartmental projects at the federal and regional levels must provide the creation of geriatric services in the regions and the provision of integrated social and medical support to citizens of the older generation. Necessary conditions of success of these projects, with regards to the peculiarities of geriatric care, are their scientific supervision and social control.

A necessary component of the projects aimed at the creation of a geriatric service in the regions is modernization of the existing regulation framework, namely, the issuance of specialized regulatory acts regulating the interdepartmental interaction when providing social and medical support.

A required condition of effectiveness of these projects is using international and Russian experience and research results of the operation of public-healthcare and social-security institutions in the area.

Gerontology is the basis of the system of geriatric care, and so administrative regulation of the creation of geriatric services without taking into account research and academic results is inadmissible.

Scientific coordination and supervision for the creation of the system of geriatric care in the regions can be provided by setting up interdepartmental coordination councils, a system of scientific and methodological centers of geriatrics at the macroregional level involving the leading gerontology scientists.

Using the potential of already established scientific communities in Russia, primarily the Gerontological Society of the Russian Academy of Sciences, is a condition for effective collaboration of the gerontology scientists with governmental authorities and practicing experts in the process of creating a geriatric service in Russia.

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