



LETTER TO THE EDITOR

**Technology enabled care and older adults:
Where are we at?****Cuidados a las personas mayores a través de la tecnología:
¿dónde estamos?**

Dear Editor,

The concept of technology enabled care (TEC) encompasses a variety of terms – such as telemedicine and telehealth – that refer to the use of digital media, mobile devices and electronic health services to provide care for patients.^{1,2} Generally speaking, TEC's potential applications include remote monitoring of highly complex patients, boosting patients' autonomy in self-managing chronic conditions and facilitating the report of symptoms – or other patient-reported outcomes – to healthcare providers, among others.¹ Many of these possible TEC applications would undoubtedly be of use to older adults. However, despite the evidence that places telemedicine as a feasible resource for the provision of care to older adults³ or the hopes that investigators are placing in it to increase adherence to different care programs,^{4,5} we consider that there are still some knowledge gaps that have to be addressed first.

To begin with, in Spain – according to the National Statistics Institute of Spain (INE) 2022 survey on Equipment and Use of Information and Communication Technologies in Households – 99% of Spanish households own at least one mobile phone and 96% have Internet access.⁶ However, these data correspond only to subjects with ages ranging from 18 to 74 years old, leaving out the older collective (which represents almost 10% of the population).⁷ Information regarding those over the age of 74 years is scarce: the INE survey estimates that 36% of them have used the Internet in the last three months and that 24% use it on a daily basis.⁶ The report on the Digital Divide of the UDP Barometer of 2021, an initiative of the Democratic Union of Pensioners and Retirees of Spain, shows that 40% of older adults over the age of 65 years are not Internet users (rising this percentage to 55% when considering those over the age of 74 years) and that 85% of those who use the Internet, do so in order to exchange messages with family and friends (only 52% to carry out health or social formalities).⁸

Second, there is a growing concern regarding a 'digital equity gap' with the use of telehealth in older adults.⁹ Perceived usefulness has been described as one of the most important positively related factors to the use of health information technologies (such as telemedicine) by seniors in the community, but the cost of its installation, service and maintenance and the effort expectancy are, on the contrary, factors that negatively affect its adoption. Additionally, there is no clear evidence regarding sociodemographic factors or health conditions.¹⁰ Furthermore, Lam et al.,¹¹ recently estimated that 13 million (38%) of older United States adults would not be ready for engaging in video visits due to inexperience with

technology, and 20% of older adults would be unready for telephone visits as a result of hearing/communicating impairments or dementia.

Third, even though the interest in telemedicine care in older adults is growing, there is a need for developing well-designed randomized trials to overcome certain biases and limitations observed in the currently available literature.³ This is so not only because of the designs of studies *per se* but also because the mean age of participants normally included in these samples is far from what geriatricians normally refer to when speaking about 'older adults'.¹⁰

In conclusion, considering the characteristics of the older population (e.g., heterogeneity, comorbidities, polypharmacy, and complex care needs), technology-enabled care could be useful to improve our clinical practice. However, it will continue being difficult to assess its real effect if we persist not knowing if older adults are – or not – users of mobile devices, if they are willing to use these devices – or the Internet – to interact with healthcare professionals and if real-life older adults are not included in scientific studies.

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