

Gerontechnology: for whom and why?

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The last 20 years, a wide variety of technological devices have emerged in the specific context of aging.

However, given this diversity, a double difficulty remains: (1) how to classify these technologies in order to better account for the adaptation of these tools according to clinical contexts; and (2) how to explain that these technologies are often underused by the target audience: the elderly.

To attempt to respond to the first point, we will describe a classification allowing to cluster the technologies according to the needs and level of dependency of the person (independent, frail, dependent¹)

This classification suggests to divide technologies into three categories: (1) detection and prevention technologies to identify early signs of health problems in the elderly (via sensors, etc.); (2) compensation technologies, which aim to palliate the difficulties faced by elderly through technological “prostheses” (drug reminders, light paths, etc.); (3) alerting technologies, which detect problems in acute phases and then allow rapid intervention by the caregiver as soon as a problem occurs (fall detector, etc.). Moreover, for each category, technologies are sorted according to the functions they target: cognitive, motor, vital, sensorial and emotional.

To attempt to respond to the second point, it seems important to deal with the issue of ageism and stigma. Indeed, stereotypes about the use of technologies by the elderly and about aging in general^{2,3} may influence people's perception and use of technologies but they may also have an impact on the way technological systems are designed.^{2,4}

Références

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