Demographic change – challenges to society & economy

Ageing society

Health workforce shortage

Chronic conditions

Financial unsustainability

HLY vs LE

Health inequalities
When the facts change, I change my mind. What do you do, sir?

John Maynard Keynes
I have been vaccinated against polio and mumps. I have been vaccinated against chicken pox, whooping cough and measles. Then I fell down the stairs.

*Charlie Brown - Charles M. Schulz*
<table>
<thead>
<tr>
<th>CARE FOCUSED ON</th>
<th>Preventing frailty</th>
<th>Preventing Disability</th>
<th>Preventing Disability</th>
<th>Preventing Dependancy</th>
<th>Managing Dependency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Robust</td>
<td>Frail</td>
<td>Functional Limitation</td>
<td>Disability</td>
<td>Dependency</td>
</tr>
<tr>
<td>Definition</td>
<td></td>
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</tbody>
</table>
Frailty conceptual models

A) Deficit accumulation

B) Frailty phenotype

Rockwood K. J Am Geriat Soc. 2006;54:975-979


Rodríguez-Mañas L & Walston JD
Rev Esp Geriatr Gerontol 2017
The functional continuum

- **Isolated Physiological Vulnerability**
- **MULTYSYSTEMIC IMPAIRMENT**
- **Multiple Non-reversible conditions**

**Frailty spectrum**

CURRENT TOOLS: DICHOTOMIC (FRAIL vs NON-FRAIL)
IS IT POSSIBLE TO DESIGN SUCH A FLOWCHART FOR FRAILTY?
Is it necessary to modulate the prevention strategy according to the level of frailty?

Yes

How should it be modulated

Clinical Phenotypes
By severity
By comorbidity
By setting

With which approaches

Improving diet
Physical exercise
Managing cardiovascular risk
Others

INTUITIVE
NOT EVIDENCE-BASED

GREAT OPPORTUNITIES FOR RESEARCH

OBSERVATIONAL STUDIES

RCTs
The World report on ageing and health: a policy framework for healthy ageing

John R Board, Alana Officer, Ida Araújo de Carvalho, Ritu Sadana, Anne Margriet Pot, Jean-Pierre Michel, Peter Lloyd-Sherlock, JoAnne E Epping-Jordan, G M E F (Geeske) Peeters, Wahyu Retno Mahanani, Jotheswaran Amuthavalli Thiagarajan, Sumнатh Chatterjei

Although populations around the world are rapidly ageing, evidence that increasing longevity is being accompanied by an extended period of good health is scarce. A coherent and focused public health response that spans multiple sectors and stakeholders is urgently needed. To guide this global response, WHO has released the first World report on ageing and health, reviewing current knowledge and gaps and providing a public health framework for action. The report is built around a redefinition of healthy ageing that centres on the notion of functional ability; the combination of the intrinsic capacity of the individual, relevant environmental characteristics, and the interactions between the individual and these characteristics. This Health Policy highlights key findings and recommendations from the report.

Published Online: October 25, 2015
https://doi.org/10.1016/S0013-6193(15)30594-4
Aging and Life Course
(J R Board PhD, A Officer MPh, I Araújo de Carvalho MD, R Sadana ScD & M Pot PhD, J Patheswaran PhD, S Chatterjei)

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### Action

**Aligning health systems to the needs of the older populations they now serve**

<table>
<thead>
<tr>
<th>Ensure access to older-person-centred and integrated care</th>
<th>Provide services that are close to where older people live</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure comprehensive assessments and service-wide care planning</td>
<td>Build structures that foster multidisciplinary teams</td>
</tr>
<tr>
<td>Support self-management</td>
<td>Ensure access and affordability of medical products, vaccines, and technologies</td>
</tr>
<tr>
<td>Orient systems around intrinsic capacity</td>
<td>Develop information systems that collect, analyse, and report data for intrinsic capacity</td>
</tr>
<tr>
<td>Ensure a sustainable and appropriately trained health workforce</td>
<td>Establish performance monitoring, rewards, and financing mechanisms that encourage care that optimises capacity</td>
</tr>
<tr>
<td>Provide training on ageing and age-related conditions for all health professionals</td>
<td>Provide clinical guidelines on trajectories of intrinsic capacity</td>
</tr>
<tr>
<td>Ensure core geriatric and gerontological competencies in all health curricula</td>
<td>Match supply of geriatricians to population need and develop geriatric units for management of complex cases</td>
</tr>
<tr>
<td>Consider new workforce cadres and extend roles of existing staff to act as care coordinators and self-management counsellors</td>
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</tbody>
</table>
INTEGRATED CARE

GERIATRICS DEPARTMENT
- ACU
- GDH
- LT

ACU: Acute Care Unit; FRPAC: Functional Recovery Post-Acute Care; FOU: Falls and Orthogeriatric Unit; GDH: Geriatric Day Hospital; LT: Liaison Team; OC: Outpatient Clinic; CCU: Community Care Unit

PRIMARY
COMMUNITY CARE

SOCIAL SERVICES

HOSPITAL CARE

CONTINUED CARE

COORDINATION
Frailty is a public health problem and societal challenge in Europe that can be prevented & will benefit from a European approach.

The EC supports MS to work on a EU policy to prevent frailty.

Work should be progress from:
- EIP on AHA AG Frailty
- Scientific evidence

Work will consider:
- MS individualities
- EC funded projects
- 2014 Council Conclusions
- 2014 SPC LTC report

Building a European approach to tackle frailty at national level.
JOINT ACTION ON FRAILTY

Working on frailty prevention by

Analysis
- Understanding frailty
- Framing the concept

Intervention
- Prevention
- Diagnosis
- Treatment
- Clinical pathways
- Services organization

Implementing results
- Awareness
- National structures/plans
- Capacity building
- Facilitators/barriers to change

"Frailty prevention approach" at EU level
Objectives

ADVANTAGE JA aims at building a common understanding on frailty to be used in all the Member States, by policy makers and other stakeholders, which should be the base for a common management both at individual and population level of older people who are frail or at risk of developing frailty throughout the European Union.

To promote important sustainable changes in the organization and implementation of care in the Health and Social Systems;

To prepare a common European framework on screening, early diagnosis, prevention, assessment and management of frailty;

To develop a common strategy on frailty prevention and management, including raising awareness and advocacy among stakeholders, especially policy and decision makers.
TARGET GROUPS

Policy makers and stakeholders, both from the public and private sectors.

Health and Social care professionals

Frail older people and their carers, those at risk of frailty, and the EU population at large.
EXPECTED OUTCOMES /RESULTS

A GENERAL EUROPEAN FRAMEWORK

A SPECIFIC MS PERSPECTIVE which will be aligned with the European one, but implemented according to the local capability and context.
IMPLEMENTATION PHASES


**Phase II** (2018) - developing and testing the draft version of the common European model to approach frailty (frailty prevention approach – FPA document).

**Phase III** (2019) - drafting final documents, debating these with participant MSs, and drafting the final framework, the FPA document and policy recommendations.
<table>
<thead>
<tr>
<th>CURE</th>
<th>CARE</th>
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<tr>
<td>DISEASE</td>
<td>FUNCTION</td>
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<tr>
<td>SURVIVAL</td>
<td>QUALITY OF LIFE</td>
</tr>
<tr>
<td>TO DO</td>
<td>RISK TO BENEFIT RATIO</td>
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<tr>
<td>LONG-TERM</td>
<td>TIMELY INTERVENTIONS</td>
</tr>
<tr>
<td>REACT</td>
<td>PREVENT</td>
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<tr>
<td>EPISODES</td>
<td>INTEGRATED/CONTINUED</td>
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Rodriguez-Mañas et al., JAMDA 2017
FACING THE CHALLENGE OF HEALTHY AGING

AVOIDING DISABILITY

IMPROVING SUSTAINABILITY

BY

FIGHTING AGAINST FRAILTY