EUROPEAN COMMISSION
CONSUMERS, HEALTH, AGRICULTURE AND FOOD EXECUTIVE AGENCY

HEALTH INFODAY ON JOINT ACTIONS

11 November 2015
BECH building, Luxembourg

Prevention of Frailty

General objective

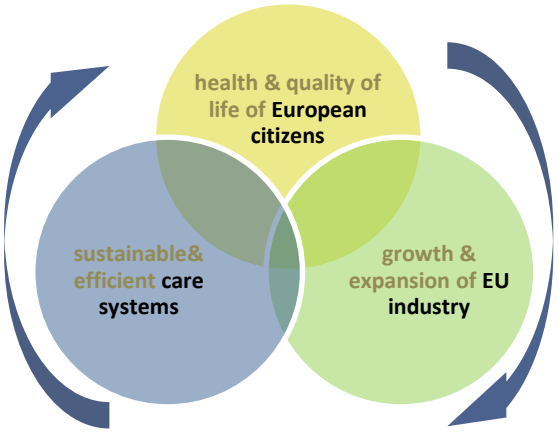
- Contribute to the design of a frailty prevention approach
- At EU level
- By defining its components.

EIP on Active & Healthy Ageing

objectives, targets, scope & focus

+2 HLY by 2020

Triple win for Europe



Pillar I
Prevention screening early diagnosis

Pillar II
Care & cure

Pillar III
Independent living & active ageing

specific actions


Prescription and adherence to medical plans (A1)


Better management of health: preventing falls (A2)


Preventing functional decline and frailty (A3)


Integrated care for chronic conditions, inc. telecare (B3)


ICT solutions for independent living & active ageing (C2)


Age-friendly cities and environments (D4)

Instruments for screening and diagnosis of frailty and functional decline

DELIVERABLE 1 OF A3AG-FRAILTY& FUNCTIONAL DECLINE

ABSTRACT

This document is a comprehensive review of the scientific literature on screening and diagnosis for frailty published in the period 2001-2014. It analyzes frailty assessment tools examining exactly what the main item being evaluated is (be it frailty or functional impairment), and examining if these tools have been validated and in which settings they have been used. The main purpose of this is to provide an easy-to-use instrument for decisions to clinicians and other health professionals that need to assess frailty in daily practice in clinical and social settings

FRAMEWORK FOR THE MANAGEMENT OF OLDER PEOPLE ACCORDING TO THEIR FUNCTIONAL STATUS AND SETTING OF CARE

DELIVERABLE 2 AG FRAILTY & FUNCTIONAL DECLINE

Management of older people in clinical and social settings should be based on three main principles: their functional status (that determines their independence for both self-care and social activities), their access to both health and social resources, and the ability of care-teams to provide a coordinated continued and integrated care. Taking into account these three principles this document gives general guidelines on how to provide the care and what levels of care should be provided to each older person, providing a framework for the development of care systems for older people.

Frailty Decalogue

Anne Hendry, Leo Manas, Roberto Bernabei
on behalf of the A3 subgroup coordinators

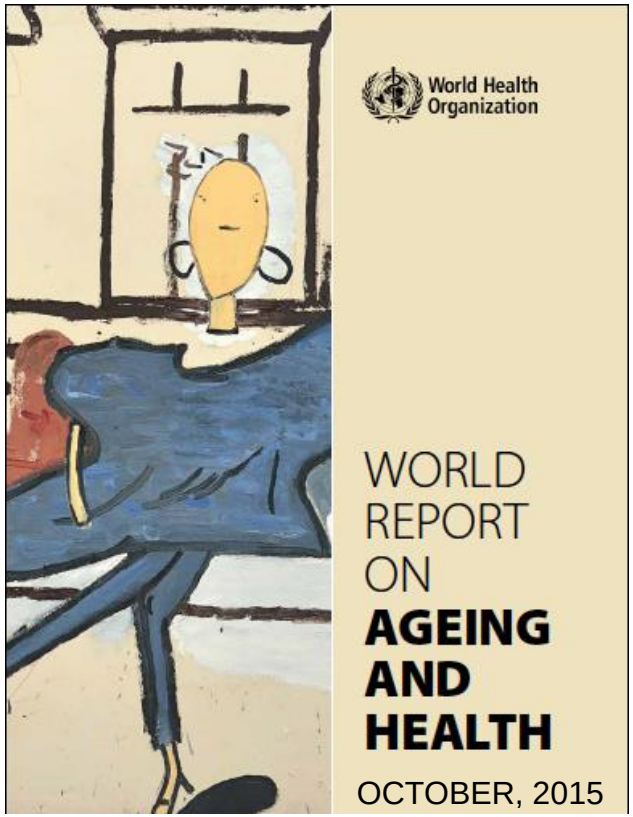


Fig. 2.4. **A public-health framework for *Healthy Ageing*: opportunities for public-health action across the life course**

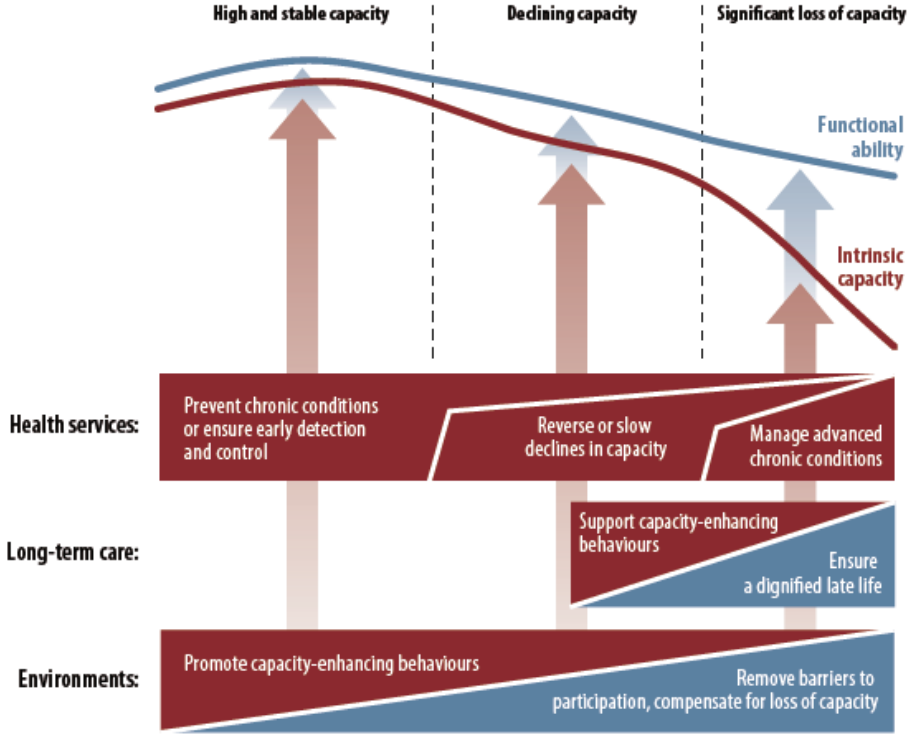


Fig. 2.1. ***Healthy Ageing***

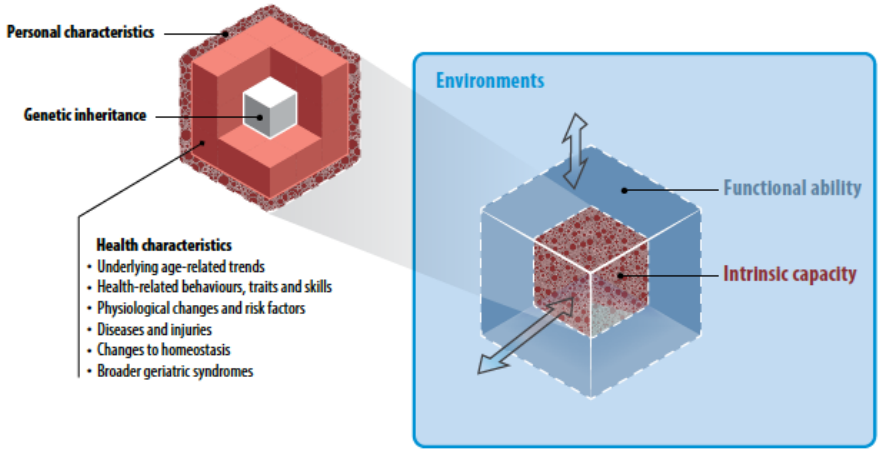


Table 4.3. **Conventional care versus older-person-centred and integrated care**

Conventional care	Older-person-centred and integrated care
Focuses on a health condition (or conditions)	Focuses on people and their goals
Goal is disease management or cure	Goal is maximizing intrinsic capacity
Older person is regarded as a passive recipient of care	Older person is an active participant in care planning and self-management
Care is fragmented across conditions, health workers, settings and life course	Care is integrated across conditions, health workers, settings and life course
Links with health care and long-term care are limited or non-existent	Links with health care and long-term care exist and are strong
Ageing is considered to be a pathological state	Ageing is considered to be a normal and valued part of the life course

Operational objectives/activities

- Definition of frailty. Consensus for a common understanding of frailty
- Prevalence of frailty. Common measurement instruments.
- Diagnostic tools. Consensus on the most accurate and useful diagnostic tools on different settings.
- Screening. How/when/where to perform early detection of frailty and definition of tools. Good practices examples.
- Trajectories (from robustness to frailty and from frailty to disability): factors involved.
- Prevention of frailty and functional decline. Consensus on the best ways to prevent functional decline.
- Frailty management. Clinical and non-clinical interventions on different settings and recognizing the role of different stakeholders.
- Impact modelling of interventions at population level.
- Physical exercise as the main intervention on frailty. Definition of best programs for prevention.
- Nutrition for frailty management.
- Drugs and its role on frailty management.
- Models of care to attend new patients with unmet needs. The remodeling of the Health care Systems: main characteristics. Focus on primary health care and community services.
- Relationships between chronic conditions and frailty.
- ICTs and its role on frailty management and prevention.
- Training. Capacity building for health and social services professionals.
- Awareness rising among the whole society and public involvement.
- Lacks of knowledge: an agenda for a European research program on frailty.

Structure

Horizontal Work Packages
Coordination of the joint action (Leader: Spain) Will entail actions to manage the project and to make sure that it is implemented as planned
Dissemination (Leader: ????) Will entail actions to ensure that the results and deliverables of the project will be made visible and available to the different audiences identified
Evaluation (Leader: (????) Will entail actions to verify that the project is being implemented as planned and reaches the agreed objectives

Structure. Core WPs (1)

4	**Screening and diagnosis (Leader: ????; Co-Leaders: ???? and ????)** It will cover definitions as well as prevalence, diagnosis and screening aspects, including tools Tasks 1. Definition of frailty. Consensus for a common understanding of frailty 2. Prevalence of frailty. Common measurement instruments. 3. Diagnostic tools. Consensus on the most accurate and useful diagnostic tools on different settings. Good practices examples 4. Screening. How/when/where to perform early detection of frailty and definition of tools. Good practices examples. 5. Role of biomarkers in screening, diagnosis and monitoring of frailty 6. Lacks of knowledge: an agenda for a European research program on frailty.
5	**Prevention of frailty and functional decline (Leader: ????; Co-Leaders: ???? and ????)** Trajectories and evidence-based prevention strategies Tasks 7. Trajectories (from robustness to frailty and from frailty to disability): factors involved. 8. Prevention of frailty and functional decline. Consensus on the best ways to prevent functional decline. 9. Awareness rising among other non-geriatricians health care professionals (with a special focus on Primary care), the whole society and public involvement. 10. Lacks of knowledge: an agenda for a European research program on frailty.

Structure. Core WPs (2)

6	**Frailty management (Leader: ????; Co-leaders: ???? and ????)** 5.a General management 5.b Focus on nutrition and physical activity 5.c Frailty and drugs Tasks 1. Frailty management. Clinical and non-clinical interventions on different settings and recognizing the role of different stakeholders. 2. Impact modelling of interventions at population level. 3. Physical exercise as the main intervention on frailty. Definition of best programs for prevention. 4. Nutrition for frailty management. 5. Drugs and its role on frailty management. 6. ICTs and its role on frailty management and prevention 7. Lacks of knowledge: an agenda for a European research program on frailty.
7	**Models of care (Leader: ????; Co-leaders: ???? and ????)** 6.a Frailty models of care-best practice models 6.b Frailty and chronic diseases Tasks 8. Models of care to attend new patients with unmet needs. The remodeling of the Health care Systems: main characteristics. Focus on primary health care and community services. 9. Relationships between chronic conditions and frailty. 10. Training. Capacity building for health and social services professionals 11. Lacks of knowledge: an agenda for a European research program on frailty.

Methodology (1)

Literature review / Consensus/ reviews-Country Profiles / Good practice exchange.

We will send a proposal to all the members to know in which tasks are they interested in contribute/participate

Main deliverables: Position Papers, Health Policy Documents, Guidelines, Roadmap for Research.

Final document characteristics

- Preamble
- Methodology
- Results from each WP with the following subheadings
  - 1 objectives
  - 2.current situation
  - 3. Milestones
  - 4. Lacks of knowledge
- Conclusions and recommendations.

Methodology (2)

How to work

1. Face to face meeting with the attendance of all the WP leaders and co-leaders to establish the main headings of the 4 documents released by the Core WPs

2. Leader/Coleaders of each WP will make a baseline document about their WP

3. This document (1 per WP) is sent to the task leaders of the WP for collecting the comments from the MS enrolled in that task.

4. Leader/Coleaders will make the final version to be approved in a face to face meeting with the task leaders

5. . The documents released will be sent to the coordinator that will make a draft of the final report

5. The leader/Co-leaders of the WPs (both horizontal and core) will have a face to face meeting, under the moderation of the Coordinator, to approve the draft of the final report

7. The document will finally be approved in a General Assembly/Meeting

¡Thanks for your attention!

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