



eHealth
week

11 - 13 MAY 2015
RIGA, LATVIA

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Ministry of Health
Republic of Latvia

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Commission



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EIP AHA Action Group A3

Prevention of Frailty & Functional Decline

2014-2015

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AG A3 Prevention and Early Diagnosis of Frailty and Functional Decline

5 working sub-groups

- Physical Activity
- Nutrition
- Frailty & Physical Decline
- Cognitive Decline
- Dependency & Caregivers

More than 160 partners and 16 MSs involved working towards implementing integrated programmes for prevention, early diagnosis & management of functional decline, both physical and cognitive, in older people



WHAT IS FRAILITY?



- ➔ Frailty is a syndrome related to the ageing process that describes the state of **"limited functional reserve"** or **"failure to integrate responses in the face of stress"**
- ➔ Frailty is a **social care** and **healthcare challenge** across the EU
- ➔ Frailty is associated **with increased risk of:**



PHYSICAL DECLINE

Limitation of physical functions such as staying upright, maintaining balance and walking, leading to disability



FUNCTIONAL DECLINE

Inability to engage in activities necessary or desirable in daily life, leading to dependency



COGNITIVE DECLINE

Worsening of cerebral abilities, leading to delirium, loss of memory and problems with language thinking and judgment

The more vulnerable an individual is, the higher the risk of falls, immobility or disability, institutionalisation and death

WHAT ARE WE DOING TO ADDRESS FRAILTY?

The **European Innovation Partnership on Active and Healthy Ageing** (EIP on AHA) supports public and private actors across the EU to contribute to prevent frailty through:

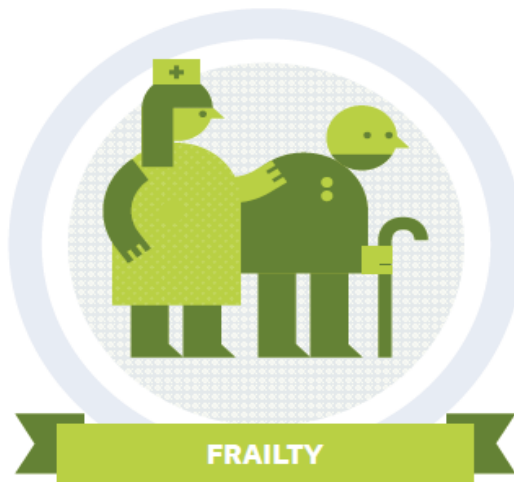
AWARENESS AND INFORMATION

campaigns on frailty for policy-makers, health and care professionals and relevant actors

RESEARCH

to advance our understanding on:

- ✓ What is the difference between frailty and ageing?
- ✓ What is the relationship between frailty and chronic diseases?
- ✓ What are the determinants of frailty? How can we identify frailty's core components (cognitive decline, functional decline)?
- ✓ What is the role of physical activity and adequate nutrition in preventing and improving frailty conditions?



PREVENTION INTERVENTIONS

to help people remain healthy, maintain their independence and keep them out of hospital, (e.g. promoting adequate nutrition and physical activity programmes)

TRAINING AND CV/SKILLS UPDATE FOR HEALTHCARE PROFESSIONALS

to adapt to the challenges of an ageing society

INNOVATIVE ORGANISATION OF SERVICES

including a multidisciplinary approach

IDENTIFYING THOSE AT MOST RISK

on the basis of patient health profile and needs (e.g. screening, early assessment of risk factors, stratification methods)



Main Lines of Work & Aims for 2014-2015

LINES

- 1. ADVOCACY**
- 2. SCREENING**
- 3. PREVENTION**
- 4. ASSESSMENT**
- 5. CARE MANAGEMENT**
- 6. RESEARCH**

AIMS

- 1. Bringing attention to the issue of frailty in older people/Promotion of knowledge exchange & dissemination.**
- 2. Improving methodology for the screening & assessment of pre-frail status.**
- 3. Supporting care and preventive interventions that can be delivered within the community & care settings.**
- 4. Preventing malnutrition or lack of regular physical activity, which have impact on different components of the frailty syndrome.**
- 5. Training professionals to improve their knowledge and skills and keep pace with new needs.**
- 6. Basic research development on frailty domains.**



Main Successes (I)

- ✓ **Analysis**
 - ✓ Contribute to a more comprehensive & clear understanding of frailty and the priorities to be address at EU level. (inspiration for EU policy development to address frailty).
- ✓ **Shaping a new model for screening, treatment and monitoring of frailty and functional decline in community and clinical settings.**
 - ✓ Developing guidelines & protocols for frailty prevention in community & clinical settings.
 - ✓ Scaling up screening activities.
 - ✓ Country & inter-regional collaboration.



Main Successes (II)

- ✓ **Intervention & research**
 - ✓ Development of ICT tools.
 - ✓ Consensus Document “Testing and implementing an integrated approach to nutrition: from assessment to personalized interventions”.
 - ✓ Validation of the use of a serious games platform in screening for mild cognitive decline in 50+ living in the community.
- ✓ **Awareness on frailty prevention approach**
 - ✓ Publication of results in scientific publications.
 - ✓ Collection of good practices
 - ✓ A publication on the challenges & achievements of the frailty AG 2012-2014. (The A3 AG story)
 - ✓ Dissemination of A3 AG work in different forums.

How to reach the SIP Targets



- ✓ Developing the individual commitments of the AG.
- ✓ Developing common work & making their deliverables accessible to other EIP AHA partners & wider public.
- ✓ Opening the process to incorporate new interventions, good practices and new evidence into the AG work.
- ✓ Finding support from EC to facilitate a process that allows coaching between partners experiences and sharing outcomes.
- ✓ Accessing funding to support project proposals and ongoing activities. (proposals in H2020, Public Health Programme)

Expected results...

The **A3 AG on frailty prevention** work is contributing to a common European approach that will...

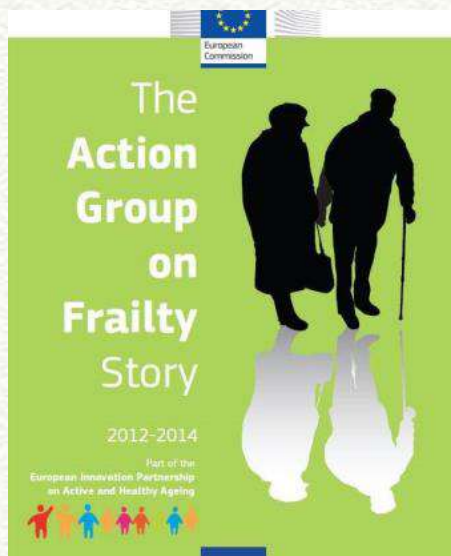


- ✓ *Improve the understanding of long-term care medical conditions affecting older patients and **develop improved strategies** for screening, assessment and intervening against frailty, disability and multi-morbidity.*
- ✓ *Contribute to a more effective response to the needs of older people and **reduce inefficiency in care delivery** through innovative organisational approaches and better combinations of professional and informal care.*

Further information on the A3 AG on...



Leaflet on the EIP on AHA



A3 story 2012-2014



Compilation of Good Practices from Action Groups



Marketplace



Frailty in old age Conferences, 2013 & 2014

EC-EIP-AHA@ec.europa.eu



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THANK YOU

Ana M. Carriazo, MD PhD
Regional Ministry of Equality
Health and Social Policies of Andalusia
anam.carriazo@juntadeandalucia.es

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