European Innovation Partnership on Active and Healthy Ageing

3rd Conference of Partners

Action Group A3 on Prevention of Frailty & Functional Decline

Main Achievements & Targets for 2015
A3 Action Group on Frailty

After the 2 rounds of call for commitments, **160 partners** expressing a total of **131 commitments**, started working together in this multidisciplinary AG towards:

"implementing integrated programmes for prevention, early diagnosis and management of functional decline, both physical and cognitive, in older people" (as stated in Strategic Implementation Plan = SIP)
A3 Action Group on Frailty
Main Lines of Work & Aims in 2014

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

AIM

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 Deliverables in 2014

**WHAT**

1. New model for screening, treatment and monitoring of frailty & functional decline in community and clinical settings.

2. Scale-up of the short screening tool for frailty.

3. White paper on physical activity (PA) (Scientific publication due Q1 2015)


5. Validation of the use of a serious games platform in screening for mild cognitive decline in 50+ living in the community.

**AIM**

1. Provide guidelines & pathways of care for frailty patients in different settings.

2. Identify risk of adverse events: hospitalization, death and nursing home placement to tailor interventions.

3. Mapping of instruments to operationalize and measure PA; current research priorities; & ongoing interventions.

4. Disseminate knowledge on mechanisms of the ageing process, culinary innovations, & dietary recommendations into guidelines to prevent mal Nutrition.

5. Provide knowledge on usability & validation of the tool for screening cognitive decline.
Main Deliverables in 2014

1. Frailty and Functional Decline sub-group (ES/IT/PT/UK/)

WHO

WHAT


2. Pathways for the management of older people based on their functional status and setting of care
Main Deliverables in 2014

2. Cognitive Decline sub-group (ES/IT/PT/UK/IT/IR)

1. The use of a serious games platform in screening for mild cognitive decline. Validation of the tool and large scale screening on people older than 50 years living in the community.

2. State of art concerning cognitive decline evaluation and strategies to reduce it. (Scientific publication due Q1 2015).

3. Analyses of datasets from 4 ongoing longitudinal studies in cognitive decline in England [English Longitudinal Study of Ageing (ELSA)], Ireland [Irish Longitudinal Study on Ageing (TILDA)], Spain [Chronic Ailment Reduction after Menopause (CARMEN)] and the smaller scale Extra Care data in England.

4. Revision of biomarkers to follow-up cognitive decline and dementia.
Main Deliverables in 2014

3. Nutrition sub-group (IT/BE/PT/UK/NT)

WHO

WHAT


3. Functional Foods and supplements Innovative products development; e.g: Vit. D fortified extravirgin olive oil (Mataluni); Flavonoid fraction of Bergamot juice; polyphenolic compounds extracted from green lettuce (Lactuca sativa L.; var. Maravilla de Verano).
Main Deliverables in 2014

WHO

4. Dependency & Care Givers sub-group (IR/ES/PT)

WHAT

1. Case study: scale-up of the CARTS programme (Community Assessment of Risk & Treatment Strategies). Screening for frailty as a state of vulnerability by means of a short screening tool (RISC).

2. RISC scores concerns in 3 domains: mental state, ADL and medical issues. It also scores concerns, their severity and caregiver capacity to manage them. Finally, it scores global risk of 3 adverse outcomes: nursing home placement, hospitalization and death.

3. Developed in Ireland as part of the CARTS programme, within the framework of the 3 star RS COLLABAGE has been tested in (countries/No patients): Ireland 803/Portugal 1318/ Spain, Barcelona 374/Australia 468/Northern Ireland 294. Three papers have been published/accepted on the data collected to date.

4. Provides an example of collaborative work within the EIP AHA. It is based on a new paradigm & approach to frailty screening and management. “frailty” has been operationalized as “risk of adverse events” (hospitalization, death and nursing home placement)

5. In Ireland, high risk people have been identified and a comprehensive targeted geriatric assessment is being piloted in a subsample.

6. An application for Horizon 2020 has been submitted
Main Deliverables in 2014

5. Physical Activity sub-group (ES/TN/SL/IT/PT)

WHO

1. A white paper on physical activity and its relation to frailty (instruments to operationalize and measure it; current research priorities; and ongoing interventions).

2. A research paper on screening of frailty through physical activity (2000 frail patients across EU from which indicators on physical activity that have been or are being analysed).

3. A European Database on Management of Frailty, comprising information on screening, monitoring and intervening on frail patients.
Main Successes of the Action Group so far

- Shaping a new model for screening, treatment and monitoring of frailty and functional decline in community and clinical settings.
- Scaling up screening activities.
- Country & inter-regional collaboration (e.g: sub-groups deliverables)
- A more comprehensive & clear understanding of frailty and priorities to be address at EU level.
What to exhibit at the AHA Summit of 2015

- Guidelines and pathways for frailty prevention in care & community settings.
- White paper on Physical activity & frailty.
- Revision of biomarkers to follow-up cognitive decline and dementia.
- Results of the validation of game platform for mild cognitive decline screening.
- Data on EU population screening with RISC & CARI tools.
- A EU Database on Management of Frailty, comprising information on screening, monitoring and intervening on frail patients.
- A Decalogue on a frailty prevention approach at EU level.
- A selection of articles "What to read if you are interested in frailty prevention".
- A publication on the challenges & achievements of the frailty AG 2012-2014.
Making the Action Group More Efficient

- A stakeholder mapping of interests / expertise to facilitate appropriate engagement of members.
- Clear and regular communication within AG to maintain engagement, enthusiasm and momentum – newsletters, monthly updates, etc.
- Improve communication tools (Yammer is not a favoured method of communication)
- Go on implementing concrete work activities (individual & common work)
- Communication with other AGs on common interests.
How to Reach the SIP Targets

- Developing individual commitments in AGs & incorporating new partners that fill in identified gaps.

- Peer-review validation of common work deliverables and make them accessible to EIP AHA partners & wider public.

- Open the process to incorporate new interventions, good practices and new evidence into the AG work.

- Find support from EC to facilitate a process that allows coaching between partners experiences and sharing outcomes.

- Access to funding to support project proposals and ongoing activities.