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**advant****AGE**  
MANAGING FRAILTY

# Why frailty matters by ADVANTAGE JA

Webinar, How to Tackle Frailty?

19 October 2018 at 10:30 - 11:30 (CET)

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## ADVANTAGE JA

I will speak about.....

- Why address Frailty at EU level?
- ADVANTAGE JA
- What are we working on ?
- Next steps
- Key messages

# Why frailty at EU level ?

## 4 ideas to consider

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**



2017 a 2019

Co-financed by  
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22 EEMM  
Coordinated by Spain

# Objectives

ADVANTAGE JA aims at building a common understanding on frailty to be used in 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.

1. To promote important sustainable **changes in the organization and implementation of care** in the Health and Social Systems.
2. To **prepare a common European framework** on screening, early diagnosis, prevention, assessment and management of frailty.
3. To develop a **common strategy on frailty prevention and management**, including **raising awareness** and **advocacy** among stakeholders, especially policy and decision makers.

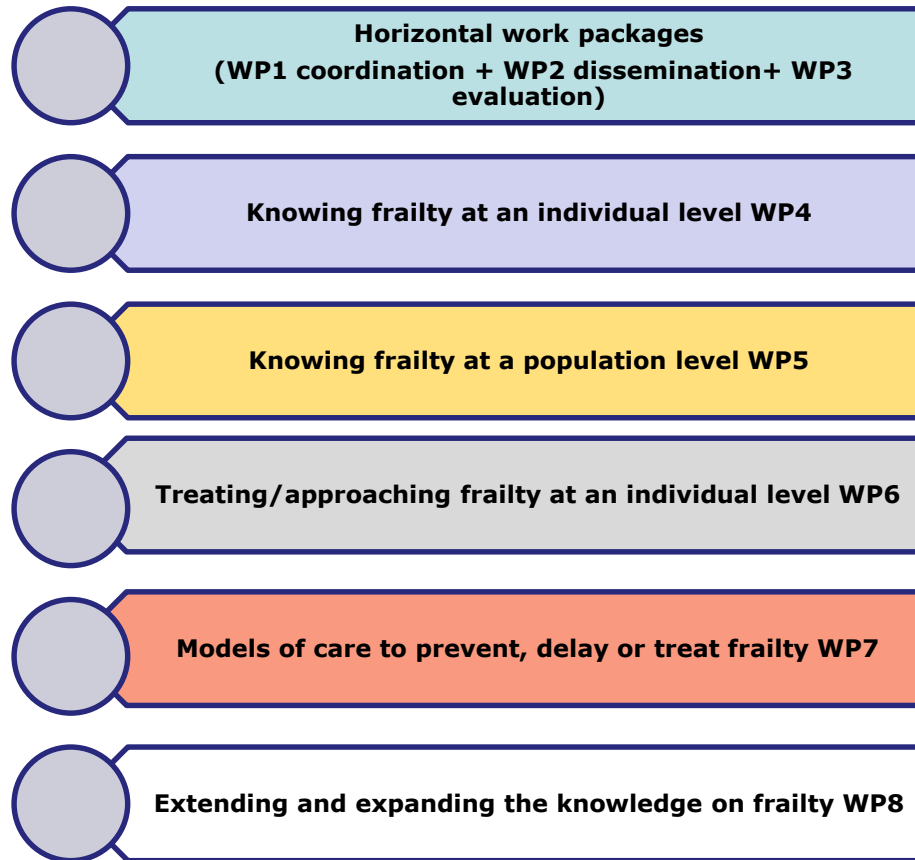


## Target groups

- 1. Policy makers and stakeholders**, both from the public and private sectors.
- 2. Health and Social care professionals.**
- 3. Frail older people and their carers**, those at risk of frailty, and the **EU population** at large.

# ADVANTAGE JOINT ACTION

## How are we structured ? / Work packages



### JA on Frailty Prevention

- It will develop the concept of the 'Prevention of Frailty Approach' in health and social care services.
- It will build consensus on the convenience of addressing frailty independently from long-term conditions & Chronic Diseases.



IMPLEMENTATION PROCESS

**Phase I (2017) - State of the Art** - background information collection, analysis and rational discussion and drafting of preliminary documents.

**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**.

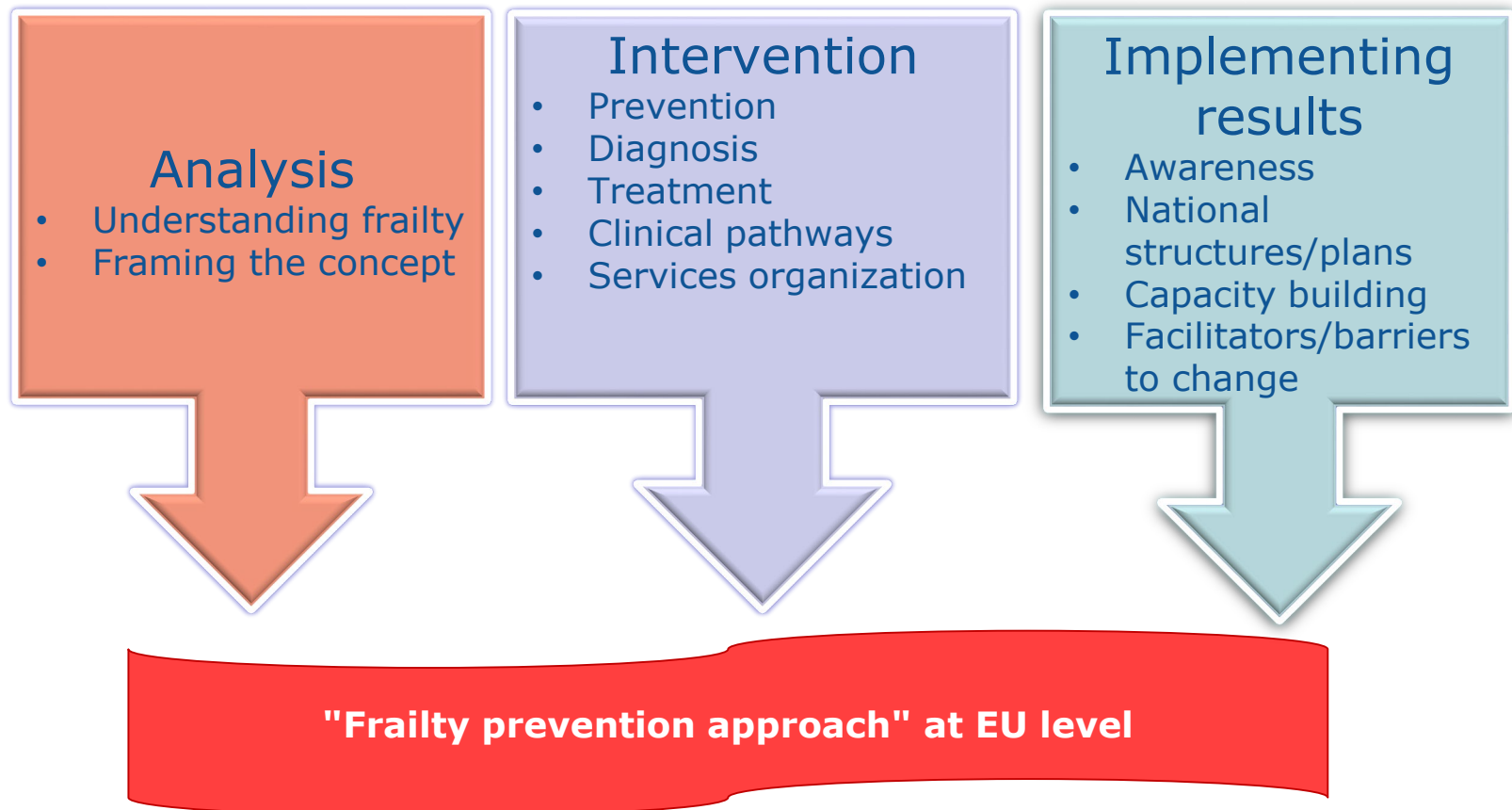


## Estrategies/ synergies



# What are we doing ?

## Working on frailty prevention by



# State of the art in Frailty (SoAR)

## The ADVANTAGE JA's State of the Art report (SoAR) ...

Is the first concrete step towards a common approach to tackle frailty at the European level.

It offers an **overview of evidence on what really works and what is unknown** in terms of frailty prevention and management.

It is an **updated theoretical basis to inform** our subsequent work.

# MS survey on frailty

*Survey : “The MS survey on background situation in relation to the prevention and management of frailty”.*

- Partners collected information about the current approaches (strategies, policies, programmes, actions) that address frailty in the participating MSs and their regions by a specific survey addressed to key informants.
- The **data and information about frailty in each MS** are based on the responses to the survey completed by each JA partner and the subsequent situation report based on the information gathered.
- Took place from September 2017 to May 2018.
- Resulted in a number of internal documents to be used as sources for the FPA.

# The Frailty Prevention Approach (FPA) doc

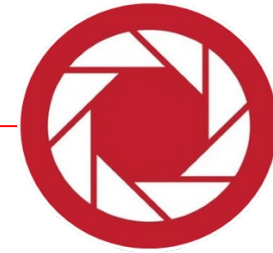
## **The FPA will...**

**provide guidance** on how to strengthen national /regional capacities and accelerate national/regional efforts **to set up or further develop a frailty prevention policy** in the participating MS.

In concrete terms **the FPA will give support to:**

- Identify national/regional frailty areas of action within the MS health priorities.
- Set national targets to attain specific targets.
- Implement proven interventions to reduce risk factors for frailty.
- Implement proven interventions to manage frailty at individual level.
- Measure results, taking into account proposed indicators.
- Advance multisectorial action beyond the health sector.
- Promote cooperation within participant MS to scale-up best practices.

# 2017-2018, working towards a new approach...



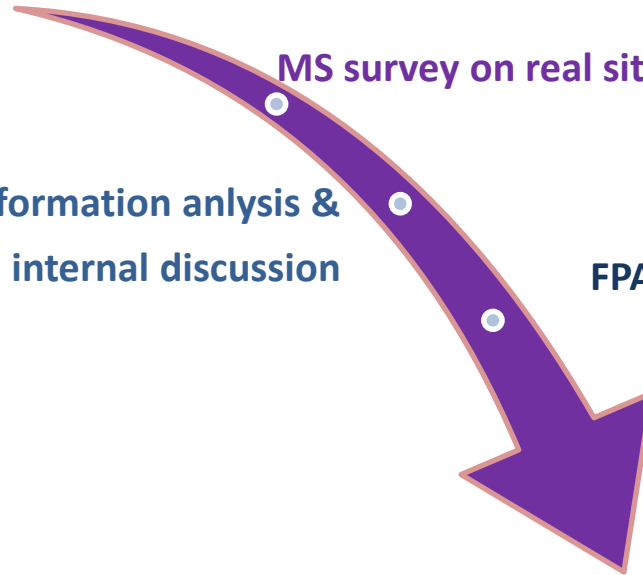
Scientific evidence SoAR

MS survey on real situation

Information analysis &  
internal discussion

FPA draft elaboration

FPA presentation & debate with  
MS and stakeholders



# Forum ADVANTAGE JA

## 13 December 2018, Madrid



- Great opportunity to discuss:
  - The draft Frailty Prevention Approach (FPA).
  - How policy makers, organisations, managers and professionals can use the ADVANTAGE JA recommendations to address frailty prevention in the EU.
  - The role of the different stakeholders to support the implementation of the ADVANTAGE JA recommendations.
  - How ADVANTAGE JA needs to take into account the political, social, professional and citizen context to succeed in the endeavour.

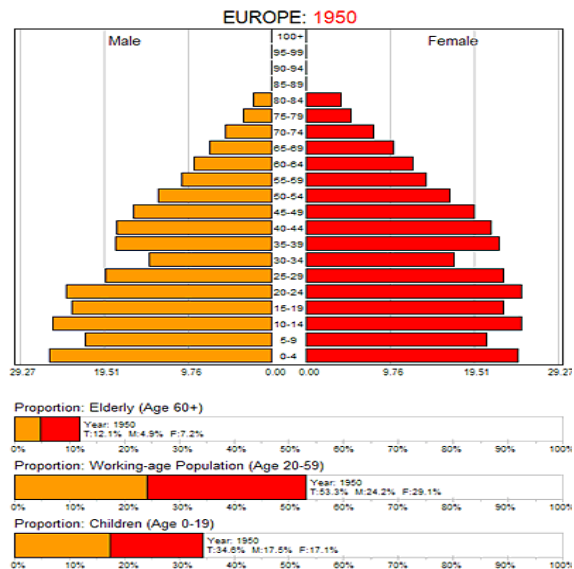
!! See you  
there!!

# Key messages

- Demographic ageing is a serious challenge that Europe is currently facing.
- Older people are at greatest risk of becoming frail and developing disability.
- Multi-morbidity, disability and frailty are distinct clinical entities. They need to be distinguish: Frailty is a better predictor of good functioning than diseases.
- Frailty is rather common: across Europe, 1/10 aged 65+ years is frail.
- Frailty is a potentially reversible condition, especially if in its early stages.
- Physical activity and exercise can support reversing the frailty status.
- 
- ADVANTAGE JA supports the recommendation of opportunistic screening of individuals aged 70+ years receiving health care at any level of the system.
- Frailty in older adults without disability should be diagnose using a validated scale.
- Health care and social system need to be adapted to manage frailty adequately.



# Action based on evidence, but focused on people & working with people



*Frailty allows us to reflect, plan and act on ageing moving beyond chronological age !*

[www.advantage.eu](http://www.advantage.eu)

!!Thank you !!

Further information about the SoAR

## Why a SoAR ??

2 purposes/ 2 different target groups

- 1. The Consortium members** themselves so as to have a common framework and agreed concepts on which to base the rationale for future actions and deliverables within the JA.
- 2. The stakeholders in general and policy makers in particular from participant MSs** so that their own decisions may be informed by the evidence on frailty that has been researched and discussed by the Consortium and crystallized in the SoAR to base their recommendations for action.

## Methodology

1. Identification & analysis of evidence from 4 sources of evidence:
  1. peer-reviewed articles
  2. grey documents
  3. good practices identified at European level
  4. EU funded projects
2. Discussion by WP4-WP8 partners
3. Drafting of documents
4. Critical reading by Expert Panel (EP)
5. Discussion workshop WP4-WP8 & WP1 & EP
6. Final drafting of document

# Source 1: Peer reviewed articles

Areas of knowledge reviewed	Papers identified	Papers analysed
Definition	494	74
Relation with chronic diseases	2,282	25
Prevalence and incidence	2,948	63
Individual screening and diagnosis	6,611	52
Prevention	391,910	31
Clinical management	67,462	27
Nutrition	39,885	28
Physical activity	620,043	25
Drugs	28,796	25
ICTs	124,634	33
Population screening	1,186	3
Surveillance	751	0
Monitoring	451	0
Trajectories and transitions	862	3
Health care models	1,065	43
Education/Training	1,914	0
Research	610	71
Total	1.291.904	503

ICTs: Information and communication technologies.

# Structure of SoAR

- 1 overall State of the Art in frailty report
- 5 topic specific reports (corresponding to content specific WPs)
- The SoAR is arranged in five sections:  
introduction, methodology, results, key messages, and annexes.
- Results are presented as answers to relevant questions
- Annexes : Glossary, screening & diagnosis instruments;  
Algorithm for frailty management at individual level

## Added value of ADVANTAGE JA State of the Art on frailty

- Sound methodology
- Reaches consensus on different Consortium views
- Focuses on what is really known
- Messages given are aimed to advocate for evidence based policy driven decisions on frailty prevention & management
- Messages are asertive & avoid controversial statements whenever further research is needed or results are unclear



## SoAR main messages (i)

ADVANTAGE JA embraces the WHO 2015 definition:

Identifies Frailty as  
distinctive entity from  
Chronic Diseases &  
from discapacity

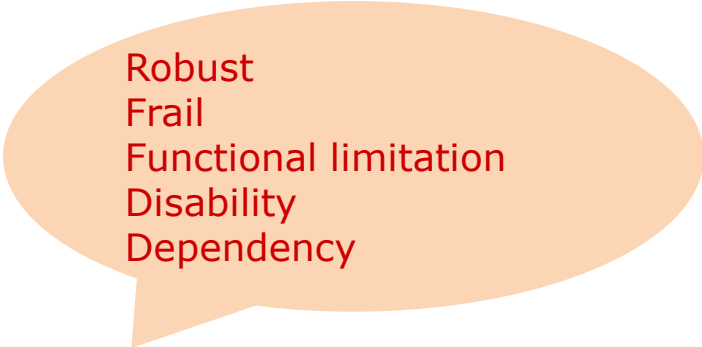
**Frailty** is a progressive age-related decline in physiological systems that results in decreased reserves of **intrinsic capacity**, which confers extreme **vulnerability to stressors** and **increases the risk of adverse health outcomes**.

Disability  
Morbidity  
Hospitalization  
Institutionalization  
Death

## SoAR main messages (ii)

### Frailty ...

- Is a strong predictor of relevant adverse outcomes
- Is very frequent (10% of 65+)
- Can be reversed
- Must be identify through appropriate screening & diagnostic procedures
- Can be treated: includes physical exercise, adequate nutrition & review of the medications taken
- Is a dynamic functional state



Robust  
Frail  
Functional limitation  
Disability  
Dependency

## SoAR main messages (iii)

- Health care systems should adopt:
  - Monitoring procedures
  - Test population screening programs
  - Adapt their health & social care provision to deliver well-defined, individualized, technologically supported and coordinated multi-professional interventions across the continuum of care
  - A well-trained workforce
- Further research is needed on the nature of frailty and its management

## How does the SoAR look like ?

- Complete documents available at **www.advantage.eu**
- Layman report version
- Specific publications on peer reviewed journals
  - Hendry, A, et al. Integrated Care: A Collaborative ADVANTAGE for Frailty. *International Journal of Integrated Care* , 2018; 18(2): 1, 1–4. DOI: <https://doi.org/10.5334/ijic.4156>.
  - Rodriguez-Mañas, L et al. Key messages for a frailty prevention and management policy in Europe from the ADVANTAGE Joint Action Consortium (in press in *Journal Nutrition Healthy Aging*)
  - Daide L Vetrano, et al Frailty and Multimorbidity: A Systematic Review and Meta-analysis. *The Journals of Gerontology: Series A*, gly110, <https://doi.org/10.1093/gerona/gly110>
- Corresponds to deliverable in the GA

## Results are presented as answers to 13 relevant questions

<b>1. What is the definition of frailty adopted by ADVANTAGE JA? .....</b>	<b>10</b>
<b>2. What is the relationship between frailty and multi-morbidity?.....</b>	<b>10</b>
<b>3. How common is frailty in the ADVANTAGE JA Member States? .....</b>	<b>11</b>
<b>4. How many new cases should we expect in the future? .....</b>	<b>11</b>
<b>5. Can a frail person improve his/her situation (become less frail) spontaneously? .....</b>	<b>12</b>
<b>6. How can frailty be screened in clinical practice?.....</b>	<b>12</b>
<b>7. How can frailty be diagnosed? .....</b>	<b>13</b>
<b>8. How can frailty be managed?.....</b>	<b>14</b>
<b>9. Do we need programs to screen for frailty at population level? .....</b>	<b>18</b>
<b>10. Is there a need to monitor frailty in Europe? .....</b>	<b>19</b>
<b>11. What components should health and care systems adopt to manage frailty? .....</b>	<b>19</b>
<b>12. Is the health and social care workforce ready to meet the challenges of frailty? .....</b>	<b>20</b>
<b>13. What are the future areas of research on frailty?.....</b>	<b>21</b>