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the Health Programme
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BELGIAN FRAILTY DAY
29 APRIL 2019

ADVANTAGE JA

Joint Action on Prevention of frailty 2017-2019

ADVANTAGE JA

“A comprehensive approach to promote a disability-free Advanced age in Europe:
the ADVANTAGE initiative”

A Joint Action with **22 Member States and 33 organisations** involved.

It is co-funded by the EU and the Member States.

- **DURATION:** January 2017 - December 2019 (3 years)
- **COORDINATOR:** Hospital de Getafe SERMAS, Madrid Spain
- **BUDGET:** EUR 5,738,934.60 (60% recovery of eligible costs)



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.

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



Policy makers and stakeholders- public, voluntary and private sectors.



Health and Social care professionals, formal and unpaid carers.



Frail older people and their carers, those at risk of frailty, and EU citizens

IMPLEMENTATION PHASES

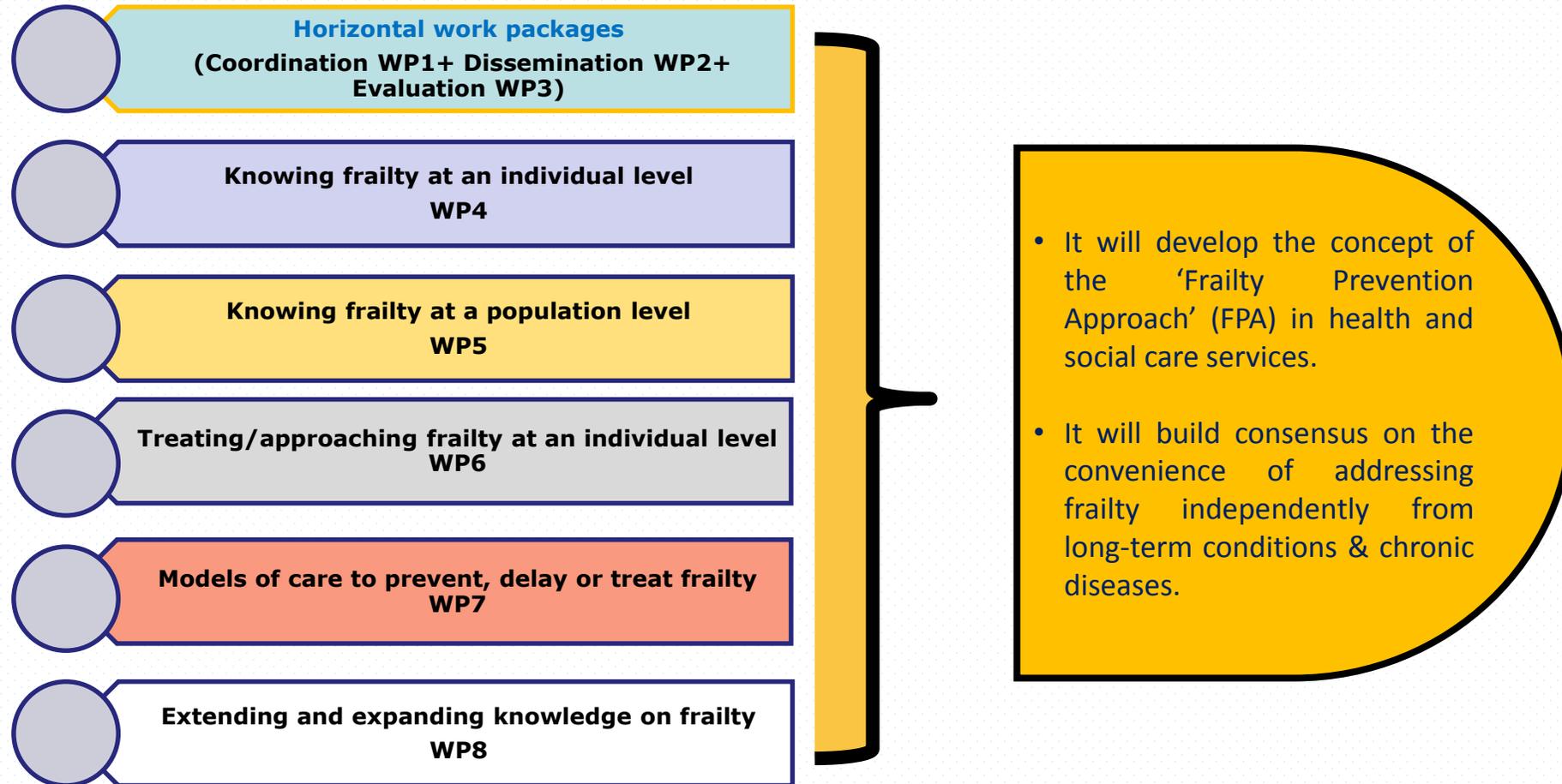
Phase I (2017) - State of the Art - background information collection, analysis, rational discussion and drafting of preliminary documents.

Phase II (2018) – Survey of MS status on frailty, developing and testing draft version of 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 (FPA document and policy recommendations).

How is ADVANTAGE JA structured ?

Work packages



SoAR WP4: Identifying Frailty at individual level

Definition - “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 a range of adverse health outcomes.” (WHO, 2015).

- Recommend opportunistic screening in patients over 70 years using tools that are:
 - Quick to administer (taking no more than 10 minutes to complete).
 - Do not require special equipment.
 - Have been validated and are meant for screening

The choice of the tool should be contextualized to practice priorities and characteristics.

The **adoption of the Comprehensive Geriatric Assessment (CGA) approach** is necessary to provide a global assessment of frail persons.

SoAR WP5: Identifying Frailty at Population Level

- Overall objectives:
 - To investigate the current epidemiological data (prevalence, incidence and trajectories/transitions) concerning frailty in 22 European Union (EU) JA ADVANTAGE Member States (MSs)
 - To investigate the evidence supporting the development, implementation and evaluation of population-based approaches to screening, surveillance and monitoring of frailty, including the primary care setting
- Task:
 - Perform 4 systematic reviews
- Findings and recommendations for JA ADVANTAGE:
 - Prevalence and incidence of frailty varied by study setting, design, population features and frailty classification used. Few papers reported data from primary care.
 - The lack of data for population-level approaches to screening, surveillance and monitoring of frailty, or on frailty transitions, limits conclusions.
 - The extent of the heterogeneity between studies in terms of setting, age range, gender balance, follow-up duration and frailty classification **needs to be addressed to provide more reliable and comparable estimates of frailty incidence and prevalence and to develop and harmonise data sets** across JA ADVANTAGE MSs.

SoAR WP6: Preventing Frailty

- **Start prevention at mid life** in line with standard health-enhancing recommendations
- **Assess** which geriatric patients are at **risk for malnutrition** using the Mini Nutritional Assessment (MNA).
- **Promote a Mediterranean diet** assuring a protein intake of at least 1-1.2 g per kilogram of body weight/ day
- Advise patients with a BMI >35 kg/m² to achieve **moderate weight loss** of 0.5-1 kg per week or 8-10% over 6 months, with a final target of BMI < 30, always combined with **physical activity** and/or exercise.
- Provide **Vitamin D** supplementation in frail patients who are at elevated risk for falls and fracture and 25-OH vitamin D levels below 30 ng/ml with 20 a 25 µg/day (800 a 1000 IU/day) until they reach a minimum serum 25OHD level of 30 ng/ml.
- Recommend **multicomponent exercise programs** (consisting of endurance, flexibility, balance, and resistance training) at low intensity, in sessions of 30 to 45 minutes, three times per week.

SoAR WP6: Managing Frailty

- **Use of Comprehensive Geriatric Assessment and multidimensional personalised interventions**
- Use tools in order to **manage inappropriate prescribing** and **reduce polypharmacy**, eg. BEERS or STTOP-START.
- Reduce polypharmacy if it is possible, especially if the patient takes more than 10 medicines or has a high-risk of adverse effects drug.
- Use **tele-healthcare interventions** to monitor vital signs.
- Set up **falls prevention interventions** in frail older persons.

SoAR WP8: Education and Training

- World report on ageing and health (WHO 2015) : **“Health professionals are often unprepared to deliver the holistic, anticipative and based-on function type of care that old people require.** They usually lack the skills and knowledge on gerontology and geriatrics and on topics not directly related to these disciplines like shared decision-making, team-based care implementation, use of ICTs and continual quality improvement, needed to achieve that objective. They are then especially ill-equipped to deal with the clinical and organizational challenges posed by frailty and therefore require specific training both at the undergraduate and postgraduate level”
- Advantage JA : **no evidence on the efficacy effectiveness or sustainability of frailty specific training programs** for any profession involved in care of frail patients
- Evaluation of on-going EU funded projects (FACET, SUNFRAIL) including educational components targeting professionals, patients and caregivers will provide evidence to fill this gap

EXPECTED OUTCOMES /RESULTS

Develop and encourage consensus in the concept of the Prevention of Frailty in health and social care services.

Improved strategies for diagnosis, care, research, and education about frailty, disability and multi-morbidity.

Reduce the burden and inefficiency in care delivery, through support for self-management, better care planning and coordination.

Contribute to a more effective and sustainable response to the needs of older people with innovative organisational approaches and better collaboration between professional and informal care.

EXPECTED OUTCOMES / RESULTS

A GENERAL EUROPEAN FRAMEWORK

A common European model to tackle frailty:
The Frailty Prevention Approach (FPA) document.

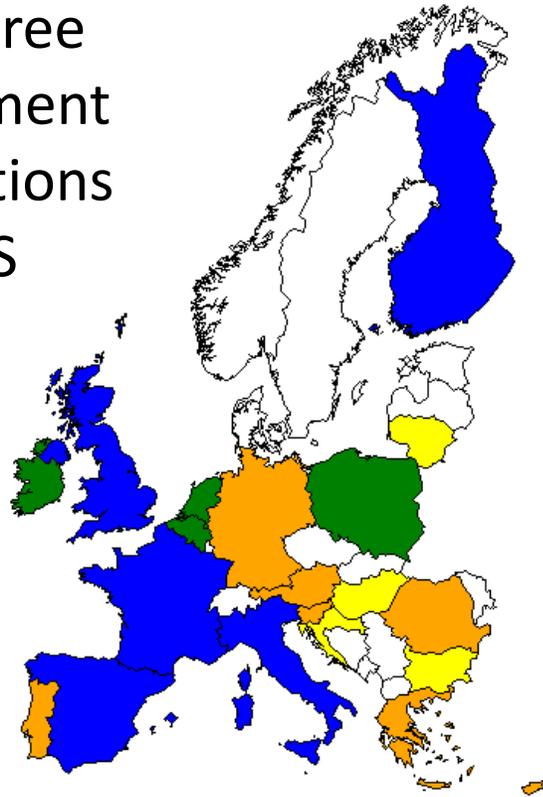
A SPECIFIC MS PERSPECTIVE

Implementing the European
model according to local
capability and context.



Towards a roadmap for MS

Global degree of development of frailty actions in 22 MS



Basic Fair Well developed
Advanced No participation

Degree of development by frailty topic - BELGIUM

Definition	Nutrition
Epidemiology	Physical exercise
Identification	Social care
Screening tools	Primary care
Diagnosis	Hospital care
Prevention	Intermediate care

#FACEUPTOFRAILITY CAMPAIGN

Aims

- Visibility ADVANTAGE JA recommendations
- Social sector contribution to implementing ADVANTAGE JA recommendations.
- Raise awareness of the impact of frailty
- Raise awareness of best practices in tackling frailty around Europe.
- Support people to share their stories
- Help people from all sectors to understand what they can do to prevent and manage frailty.



ADVANTAGE JA DISSEMINATION

- Website www.advantageja.eu

- Social Networks:

Facebook: <https://www.facebook.com/advantageJA/>

Linkedin: <https://www.linkedin.com/company/advantage-joint-action/>

Twitter: https://twitter.com/Advantage_JA

- E-newsletters

- Publications
- Participation at events
- Final Conference in Bruxelles

- Leaflet
- Policy Briefs
- Layman Reports

Media:
Press releases/conferences
Radio/TV

THANK YOU !!!

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On behalf of the ADVANTAGE JA Consortium

