



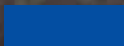
---

# Building European commitment to prevent and tackle frailty

**A Decalogue on frailty prevention  
2015**

---

**Part of the European Innovation  
Partnership on Active and Healthy Ageing**



Europe Direct is a service to help you find answers  
to your questions about the European Union.

Freephone number (\*):

**00 800 6 7 8 9 10 11**

(\* The information given is free, as are most calls  
(though some operators, phone boxes or hotels may charge you).

## AUTHORS

<b>Anne Hendry</b> .....	National clinical lead for Integrated Care Joint Improvement Team	Edinburgh, UK
<b>Leocadio Rodriguez Mañas</b> .....	Hospital Universitario de Getafe	Madrid, Spain
<b>Antonio Cano</b> .....	University of Valencia	Valencia, Spain
<b>Roberto Bernabei</b> .....	Università Cattolica del Sacro Cuore	Roma, Italy
<b>Maddalena Illario</b> .....	University of Naples Federico II	Naples, Italy
<b>William Molloy</b> .....	University College Cork	Cork, Ireland
<b>Miriam Vollenbroek</b> .....	Twente University	The Netherlands
<b>Carol Holland</b> .....	School of Life and Health Sciences, Aston University	Birmingham, UK
<b>Ines Garcia Sanchez</b> .....	DG SANTE European Commission	
<b>Pinto Jorge Antunes</b> .....	DG SANTE European Commission	
<b>Anna Carta</b> .....	DG SANTE European Commission	

## DISCLAIMER

The information and views set out in this publication are those of the authors and do not necessarily reflect the official opinion of the Commission. The Commission does not guarantee the accuracy of the data included. Neither the Commission nor the Action Groups may be held responsible for the use which maybe made of the information contained therein.

© European Union, 2015. All rights reserved. Certain parts are licensed under conditions to the EU.

Reproduction is authorised provided the source is acknowledged.

Luxembourg: Publications Office of the European Union, 2015

### Electronic version:

ISBN 978-92-79-52721-0

doi: 10.2875/696964

Catalogue number: EW-01-15-832-EN-N

### Paper version:

ISBN 978-92-79-52722-7

doi: 10.2875/531404

Catalogue number: EW-01-15-832-EN-C

Printed in Belgium

## EXECUTIVE SUMMARY

To mobilise a shared approach to tackling frailty across the EU, we need to understand how to prevent frailty; detect pre-frailty and the onset of frailty; create age friendly communities; and scale up interventions that delay functional decline, reduce disability and future demand for long term care.

Because frailty is not an inevitable consequence of ageing, we need a stronger focus on early diagnosis and screening. An emphasis on prevention can reduce the incidence of frailty and postpone its onset. To this end, The Frailty Action Group of the European Partnership on Active and Healthy Ageing has developed this Frailty Prevention Decalogue as a framework for an integrated policy, professional and system response to the increasing challenge of frailty.

The Decalogue describes ten key messages to prevent or delay the impact of frailty.

The following ten main messages focuses on the ten main areas of interest that policy makers at Member State level would need to support in order to tackle frailty and promote active and healthy ageing across Europe:

- I.** Involve all stakeholders in raising awareness and advocacy about frailty
- II.** Empower social connections, inclusion, participation and active citizenship
- III.** Systematically identify people at increased risk of frailty and functional decline
- IV.** Screen and offer support for cognitive decline to patients and caregivers
- V.** Use technologies to enable independence, wellbeing and collaboration
- VI.** Promote physical activity to reduce functional and cognitive decline
- VII.** Integrate assessment and personalised interventions to improve nutrition
- VIII.** Plan and deliver coordinated and integrated assessment and support
- IX.** Build new care models and support workforce capacity and capability to deliver integrated care
- X.** Invest in research and knowledge exchange on innovation and good practice

## **TABLE OF CONTENT**

<b>1. The EIP AHA and the Action Group on frailty prevention</b>	5
<b>2. Why a European approach to prevent and tackle frailty</b>	6
<b>3. Why this is important</b>	7
<b>4. What we need to do</b>	8
<b>5. The Decalogue on frailty prevention</b>	10
<b>6. Supporting documents</b>	14

## The EIP AHA and the Action Group on frailty prevention

The European Innovation Partnership on Active and Healthy Ageing (henceforth EIP on AHA, or the Partnership) was launched in 2012 as a Commission response to demographic changes in the EU. It aims to increase the average number of healthy life years of European citizens by two by 2020. Additionally it seeks to improve citizens' health and quality of life as well as the sustainability and efficiency of health and care systems, and thus the economic strength of the continent through increased growth and jobs.

The Partnership reflects a growing awareness that better care and sustainability of health services calls for innovative ways to address the needs of Europe's older people. It has encouraged a wide range of stakeholders to join forces, to improve cooperation, and to foster political commitment, so as to inspire innovative solutions towards a better quality of life as citizens grow older.

The partners involved in the EIP on AHA are organised in six Action Groups. These groups have agreed action plans with concrete activities, deliverables, objectives, resources and time-frame to successfully reach specific targets. They focus on collaborative process of sharing information and solutions on how to overcome a bottleneck, undertaking actions together and brainstorming together towards shared goals. They were built up on the basis of two calls for commitment launched by the Commission on 2012 and 2013; in total more than 500 commitments were submitted from up to 300 leading organisations actively forming coalitions and consortia, covering stakeholders from all EU Member States.

Tackling frailty and disability is one of the EIP on AHA priorities. The Action Group on Prevention and Early Diagnosis of Frailty and Functional Decline, which includes both physical and cognitive decline, in older people (henceforth referred to as Frailty Action Group) was created in June 2012 as part of the EIP on AHA. The Frailty Action group counts 128 individual commitments, more than 160 partners coming from 16 Member States and it is structured in 5 working group (Frailty in General and Physical Decline, Cognitive decline, Nutrition, Physical Activities and Care givers and Dependency).

The Frailty Action Group seeks to explore and implement innovative solutions to improve the understanding of the underlying factors of frailty as well as the link between frailty and adverse health outcomes of older people. The group also looks into ways to better prevent and manage the frailty syndrome and its consequences.

In almost 4 years of collaboration the Frailty Action Group has managed to establish a common approach to provide older people with safe, effective, compassionate, high-quality care and to encourage care services to improve in this regard by tackling frailty in older people. Main achievements can be consulted on the EIP on AHA Marketplace (<https://webgate.ec.europa.eu/eipaha/>).

*“ Because frailty is not an inevitable consequence of ageing, we need a stronger focus on early diagnosis and screening. ”*

## Why a European approach to prevent and tackle frailty

There is a case for tackling frailty in older people at EU level: the causes and high prevalence; the numerous and costly consequences and the relatively in-expensive interventions are common to all Member States.

Furthermore, this common challenge and its solutions fall across multiple policy spheres; that is why a concerted action is needed, as well as co-ordination amongst different stakeholders, intervening in 3 main areas: screening/assessment; management and research.

Addressing common challenges, such as frailty prevention, by innovative ways of thinking can benefit from having an EU approach. It can help shifting from reactive disease management to screening, triage, anticipatory care and prevention of functional decline and frailty. This shift is to be brought about through innovative, coordinated and comprehensive community based prevention, assessment and integrated case management systems delivered within an integrated health and care system.

Successful prevention of frailty requires knowledge about the risk factors as well as better definitions of risk groups and evidence-based interventions that can be offered earlier and tailored to individual's needs. In this regard, the 2014 Social Protection Committee's Long Term Care report underlined the urgency to understand the risk factors for frailty as a pre-requisite for

early detection, prevention and management to reduce future demand of long term care.

An EU approach can help create a narrative that provides a common vision, a direction for the transformation needed and set up guidelines on priorities, actions, actors to be involved, the kind of leadership needed etc. to achieve the expected outcomes.

An EU approach can help as well to raise awareness and exercise political pressure to promote social policies and financial instruments supporting informal carers.

It will contribute as well to a more effective response to the needs of older people and reduce the burden of inefficiency in care delivery through care coordination, innovative organisational approaches and better combinations of professional and informal care.

*“ An emphasis on prevention can reduce the incidence of frailty and postpone its onset. ”*



## Why this is important

Frailty is a complex syndrome of increased vulnerability and reduced functional reserve associated with the ageing process, chronic conditions, and modulated by life course events, social and psychological factors.

Across the EU, frailty is a common, growing public health and societal challenge associated with an increased risk of physical, cognitive and functional decline with increased risk of adverse outcomes such as falls, immobility, disability, institutionalisation, hospitalisation, death and reduced quality of life. Although geographical and ethnic differences

exist, Europeans aged 65 can expect to remain independent in daily living for less than half of their remaining years and the risk of needing long term care rises steeply from the age of 80 years.

Our ability to manage the increased social and healthcare demands associated with frailty has major implications for individuals, families and the public expenditure. Frailty is not an inevitable consequence of ageing and timely action to design a health and care system to prevent or postpone frailty is critical if we are to improve outcomes, quality of life and sustainability of services.

*“ Frailty is a complex syndrome of increased vulnerability, determined by life course events, social and psychological environments. It requires timely interventions. ”*



## What we need to do

To mobilise a shared approach to tackling frailty across the EU, we need to understand how to prevent frailty; detect pre-frailty and the onset of frailty; create age friendly communities; and scale up interventions that delay functional decline, reduce disability and future demand for long term care.

Because frailty is not an inevitable consequence of ageing, we need a stronger focus on early diagnosis and screening. An emphasis on prevention can reduce the incidence of frailty and postpone its onset. To this end, The Frailty Action Group has developed this Frailty Prevention Decalogue as a framework for an integrated policy, professional and system response to the increasing challenge of frailty.

The Decalogue describes ten key messages to prevent or delay the impact of frailty. It is a compilation of the ten main messages on the ten main areas of interest that policy makers at Member State level would need to support in order to tackle frailty and promote active and healthy ageing across Europe. (see Box 1)



*“ We need to identify who will benefit most from evidence based interventions that are available and for managing all these issues we need to provide information and tools to make the right decisions at management and policy level. ”*



## BOX 1 **The Frailty Action Group 10 messages to policy makers. To support frailty prevention in EU**



*“ We cannot do much about biological ageing but we can together do something to prevent the social consequences of ageing and we can look together for solutions. ”*

## The Decalogue for frailty prevention in EU

### I. Involve all stakeholders in raising awareness and Advocacy about frailty

To promote active and healthy ageing, we must listen and respond to the views, needs and aspirations of older people, including those who are frail or vulnerable, and be strong advocates for the rights of frail older people. People from all sectors of society must be well informed about healthy ageing and the challenge of frailty.

All stakeholders need to understand their role and responsibility (societal, political, policy making, educational, professional, legal, technological, financial), for designing and delivering age friendly communities and a health, housing and care system that both prevents and reduces the impact of frailty.

Involving frail older people, carers and communities in this process will increase choice and control, enhance experience and outcomes, and add value for individuals and for the system.

### II. Empower social connections, inclusion, participation and active citizenship

The majority of older people make numerous vital contributions to their communities: financial, provision of social support and care, volunteering and what may be described as ‘social glue’. However loneliness and social isolation, common in later life, are both risk factors for and the result of functional and cognitive **decline**.

Health, wellbeing and resilience are enhanced by smart homes, transport and age friendly communities with accessible social, cultural and physical activities, peer support, befriending, intergenerational practice, and the use of technology to enable older people to stay connected and participate as active citizens.

### III. Systematically identify people at increased risk of frailty and functional decline

Early identification of frailty allows for appropriate interventions to prevent or delay functional decline and adverse health outcomes.

Strategies to identify frailty include population risk stratification, targeted screening and systematic triage of people known to be at risk e.g. cardiovascular disease, diabetes, arthritis, osteoporosis, dementia/cognitive impairment.

#### **IV. Screen, prevent and offer support for cognitive decline to patients and caregivers**

Given the association between physical and cognitive decline, the frailty screening and assessment processes should include both dimensions, particularly where individuals are symptomatic.

Although current evidence does not support unselected screening for cognitive decline, early detection may have benefits as treatment strategies improve. Cognitive decline is increased by social isolation and increases the risk of dependency.

Social and technological supports for older people allow them to remain connected to their families and local communities and may offer support to caregivers. Social, medical and financial support for caregivers is particularly important as they may also be at risk of frailty.

#### **V. Use technologies to enable independence, wellbeing and collaboration**

The use of technology, tailored to the individual's health literacy and ICT support needs, can improve access to information and social networking, assist older people to remain safe and independent at home, and enable them to stay active in their community for longer.

Technology can streamline assessments, prevention, treatment and care processes, enhance the skill mix and collaboration of the integrated care team and keep the older person and their caregivers at the core of the team through choice and control.

#### **VI. Promote physical activity to reduce functional and cognitive decline**

People who exercise throughout life and remain physically and mentally active in later life have a better chance of avoiding or postponing frailty and managing any functional decline that may develop.

We need to spread to all stakeholders simple clear messages on the benefits of physical activity in general and for older people in particular, including how much exercise, how often and what are the best strategies for strength and balance training to reduce risk of falls, fracture and disability.

Housing, community and voluntary partners, and health and social care providers should all use practical tools to enable older people to undertake the required level of activity at home, in the community, and in care settings.

## **VII. Integrate assessment and personalised interventions to improve nutrition**

To prevent malnutrition in later life we need a life course approach and a strong focus on primary prevention through food and culinary innovations and addressing social aspects of nutrition as well as a coordinated approach to interventions including the use of functional foods and supplements.

Malnutrition screening, assessment and appropriate interventions should be part of routine assessments of older people.

To spread awareness within older people, the public and professionals on the importance of a balanced diet and adequate protein intake the use of media channels should be promoted.

## **VIII. Deliver proactive, coordinated and integrated multidisciplinary assessment to identify frail people and support for those already identified as frail in community, care home and hospital settings**

The system response needs to shift from reactive disease management to anticipatory care and prevention of functional decline. This may be achieved through systematic triage followed by proactive, coordinated case management for people identified as frail.

Comprehensive geriatric assessment (CGA) and rehabilitation for frail older people improves independence and reduces functional decline.

CGA should be delivered by a multidisciplinary team across the pathway of care from home to hospital and in care home settings, ideally within an integrated health and care system and using validated/standardised assessment instruments that favour integration and continuity of care.

While CGA is effective when delivered by trained professionals in hospital settings, the evidence based in the management of frail older adults in the community needs to be strengthened. This is particularly important at times of transition between care settings and during hospitalisation where the risk of progressing from frailty to disability is highest.

## **IX. Build workforce capacity and capability to deliver new models of integrated care**

Effective models of care and support for frailty require multi-professional and multi-agency working. Both health and social care professionals need to have the knowledge and skills to manage common frailty syndromes. Integrated workforce planning is required to ensure people with the right skills are available in the right care setting.

The workforce should be supported to develop and apply new and extended roles in practice, to work well with colleagues and partners from other sectors and to be confident in using technology to enable new models of care and support that are attuned to the need of people who are frail.

This has implications for undergraduate and postgraduate training bodies, academic institutions, and professional and regulatory bodies for all disciplines.

## **X. Invest in research and knowledge exchange on innovation, evaluation and good practice**

To expand the scope and depth of our understanding about the prevention, detection and management of frailty and functional decline we need to explore the determinants and pathophysiology of frailty including genetics, epigenetics, molecular mechanisms of ageing, dietary, exercise, social and environmental models. Their study will identify innovative solutions to new and emerging challenges as the population ages.

This requires investment in biomedical research and in networks and platforms to support collaborative action research, innovation and knowledge exchange across disciplines and across partners from all sectors.

We need to support this research with robust evaluation to understand what works and also provide support for implementation if we are to accelerate adoption and scale up successful research and tests of change within and across Member States.

## Supporting documents

Communication from the Commission to the European Parliament And the Council, *Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing*, COM(2012) 83 final.

European Scaling-up Strategy in Active and Healthy Ageing. European Commission, 2015.  
[https://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/scaling\\_up\\_strategy.pdf](https://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/scaling_up_strategy.pdf).

Frailty an emerging Public Health Priority. WHO-IAGG Frailty Network.  
*Bulletin of the World Health Organisation*, 2015.

Active and Healthy Ageing and Independent Living.  
*Special Issue. Editorial, J of Ageing Research*, Volume 2015, Article ID 542183.

Promotion of knowledge:  
*A monographic issue about personalised health at midlife and beyond*. Maturitas (available on line, pending paper print).

Screening for cognitive impairment in older adults:  
*A systematic review for the U.S. Preventive Services Task Force*. Lin JS, O'Connor E, Rossom RC, Perdue LA, Eckstrom. *E Ann Intern Med*. 2013 Nov 5;159 (9):601-12.

Maintaining older brain functionality: A targeted review.  
*Soledad Ballesterosa, Eduard Kraftb, Silvina Santanac, Chariklia Tziraki Neuroscience and Biobehavioral Reviews 55* (2015) 453–477.

Report jointly prepared by the Social Protection Committee and the European Commission  
*Adequate social protection for long-term care needs in an ageing society*, 2014.

### A3 Frailty Action Group papers and deliverables

Instruments for screening and diagnosis of frailty and functional decline, 2014.

Framework for the management of older people according to their functional status and setting of care, 2014.

An integrated nutritional approach as a sustainable tool to prevent malnutrition in older people and promote active and healthy ageing. The Action Group on Prevention and Early Diagnosis of Frailty and Functional Decline Nutrition subgroup, 2015.

Minimal set of interventions to promote research in the field of frailty in the EU.

[https://www.yammer.com/eiponaha3preventionoffrailtyandfunctionaldecline/uploaded\\_files/13336159](https://www.yammer.com/eiponaha3preventionoffrailtyandfunctionaldecline/uploaded_files/13336159).

The Action Group on Frailty Story 2012-2014. Part of the European Innovation partnership on Active and Healthy Ageing. European Commission, 2015.

A compilation of Good Practices on Prevention and early diagnosis of frailty and functional decline, both physical and cognitive, in older people. European Innovation Partnership on Active and Healthy Ageing. European Commission, 2013.

All the documents listed in this section are available in the European Innovation Partnership on Active and Healthy Ageing Marketplace: <https://webgate.development.ec.europa.eu/eipaha/>.

## HOW TO OBTAIN EU PUBLICATIONS

### Free publications:

one copy:

via EU Bookshop (<http://bookshop.europa.eu>);

more than one copy or posters/maps:

from the European Union's representations ([http://ec.europa.eu/represent\\_en.htm](http://ec.europa.eu/represent_en.htm));

from the delegations in non-EU countries ([http://eeas.europa.eu/delegations/index\\_en.htm](http://eeas.europa.eu/delegations/index_en.htm));

by contacting the Europe Direct service ([http://europa.eu/eurodirect/index\\_en.htm](http://europa.eu/eurodirect/index_en.htm)) or calling 00 800 6 7 8 9 10 11 (freephone number from anywhere in the EU) (\*).

(\* *The information given is free, as are most calls (though some operators, phone boxes or hotels may charge you).*

### Priced publications:

via EU Bookshop (<http://bookshop.europa.eu>).

**Tweet us at @EIP\_AHA**

**Find us at [webgate.ec.europa.eu/eipaha/](http://webgate.ec.europa.eu/eipaha/)**

**Email us at [EC-EIP-AHA@ec.europa.eu](mailto:EC-EIP-AHA@ec.europa.eu)**

