Why are the ICOPE guidelines needed?

Universal health coverage is the foundation for achieving the United Nations Sustainable Development Goal number 3 (SDG 3), for health and well-being. Without considering the health and social care needs of the ever-increasing numbers of older people, SDG 3 will be impossible to achieve.

Currently, health systems are often better designed to respond to episodic health needs than to the more complex and chronic health needs that tend to arise with increasing age. There is an urgent need to develop and implement comprehensive and coordinated primary health care approaches that can prevent, slow or reverse declines in **intrinsic capacity**, and, where these declines are unavoidable, help older people to compensate in ways that maximize their **functional ability**.

Integrated-care approaches should be community-based, designed around the needs of the older person rather than the provider, and coordinated effectively with long-term care systems.

What are the ICOPE guidelines?

The ICOPE guidelines offer evidence-based direction on:

- comprehensive assessment of health status in an older person
- delivery of the integrated health care that will enable an older person to maintain their physical and mental capacities, and/or to slow or reverse any declines in these
- delivery of interventions to support caregivers.

The ICOPE guidelines will assist health care professionals in clinical settings to detect declines in physical and mental capacities and to deliver effective interventions to prevent and delay progression.

National guidance will also benefit from drawing on these ICOPE guidelines. The ICOPE guidelines can inform the inclusion of *Healthy Ageing* interventions in the basic benefits package for pursuing universal health coverage.

How to deliver integrated care for older people (ICOPE)?

Services need to be orientated around the needs of older people rather than the needs of the services themselves. Services should respond to a diversity of older people that ranges from those with high and stable levels of intrinsic capacity through those with declining capacity, to people whose capacity has deteriorated to the point of needing the care and support of others. Delivering ICOPE can support a transformation in the way health systems are designed and operate.

Important elements of integrated care at the community level are:

- a comprehensive assessment and care plan shared with all providers
- common care and treatment goals across different providers
- community outreach and home-based interventions
- support for self-management
- comprehensive referral and monitoring processes
- community engagement and caregiver support.

How the ICOPE recommendations were developed

These recommendations were reached by the consensus of a guideline development group convened by WHO. The group based its decisions on the synthesis of a series of systematic reviews of all the best-quality evidence for the selected domains most relevant to community-level care for older people. The group's consensus was reached with input from a wide range of stakeholders. The full guidelines are available at the WHO website along with supporting documentation, including the evidence profiles developed in the systematic review process.

See the ICOPE guidelines in full:

www.who.int/ageing/health-systems/icope

Department of Ageing and Life Course
World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland

ageing@who.int
www.who.int/ageing

© WHO 2017. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO licence.

Integrated care for older people (ICOPE)

Guidelines on community-level interventions to manage declines in intrinsic capacity

World Health Organization

Recommendations for managing declines in intrinsic capacity in older people

Improve musculoskeletal function, mobility and vitality

1. **Multimodal exercise, including progressive strength resistance training** and other exercise components (balance, flexibility and aerobic training) should be recommended for older people with declining physical capacity, measured by gait speed, grip strength and other physical performance measures
2. **Oral supplemental nutrition with dietary advice** should be recommended for older people affected by undernutrition

Loss of muscle mass and strength, reduced flexibility, and problems with balance can all impair mobility. Nutritional status can also be affected negatively by physiological changes that can accompany ageing, in turn with an impact on vitality and mobility. Interventions that improve nutrition and encourage physical exercise, when integrated into care plans and delivered together, can slow, stop or reverse declines in intrinsic capacity.

Maintain sensory capacity

3. Older people should receive **routine screening for visual impairment** in the primary care setting, and timely provision of comprehensive eye care
4. **Screening followed by provision of hearing aids** should be offered to older people for timely identification and management of hearing loss

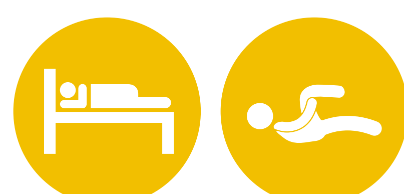
Ageing is often associated with loss of hearing and/or vision that limits mobility, social participation and engagement, and can increase the risk of falls. Sensory problems could easily be addressed by simple and affordable strategies such as the provision of corrective glasses and hearing aids, cataract surgery and environmental adaptations.

Prevent severe cognitive impairment and promote psychological well-being

5. **Cognitive stimulation** can be offered to older people with cognitive impairment, with or without a formal diagnosis of dementia
6. Older adults who are experiencing depressive symptoms can be offered **brief, structured psychological interventions**, in accordance with WHO mhGAP intervention guidelines delivered by health care professionals with a good understanding of mental health care for older adults

Cognitive impairment and psychological difficulties very often occur together. They impact on people's abilities to manage daily life activities such as finances and shopping and on their social functioning. Cognitive stimulation therapy, which is a programme of differently themed activities, and brief psychological interventions, are critical to preventing significant losses of mental capacity and preventing care-dependency in older age.

Manage age-associated conditions such as urinary incontinence



7. **Prompted voiding** for the management of urinary incontinence can be offered for older people with cognitive impairment
8. **Pelvic floor muscle training**, alone or combined with bladder control strategies and self-monitoring, should be recommended for older women with urinary incontinence (urge, stress or mixed)

Urinary incontinence – involuntary leakage of urine – affects about a third of older people worldwide. The psychosocial implications of incontinence include loss of self-esteem, restricted social and sexual activities, and depression. Pelvic floor muscle training strengthens the muscles supporting the urethra and augments its closure, and is effective in managing urge leakage.

Prevent falls

9. **Medication review and withdrawal** (of unnecessary or harmful medication) can be recommended for older people at risk of falls
10. **Multimodal exercise** (balance, strength, flexibility and functional training) should be recommended for older people at risk of falls
11. **Action on hazards** – following a specialist's assessment, home modifications to remove environmental hazards that could cause falls should be recommended for older people at risk of falls
12. **Multifactorial interventions** integrating assessment with individually tailored interventions can be recommended to reduce the risk and incidence of falls among older people

Falls are the leading cause of hospitalization and injury-related death in older people. Falls are due to a combination of environmental factors (loose rugs, clutter, poor lighting, etc) and individual factors (organ-system abnormalities that affect postural control). Exercise, physical therapy, home-hazard assessments and adaptations, and withdrawal of psychotropic medications, where necessary, all reduce older people's risk of falls.

Support caregivers

13. **Psychological intervention, training and support** should be offered to family members and other informal caregivers of care-dependent older people, particularly but not exclusively when the need for care is complex and extensive and/or there is significant caregiver strain

Caregivers of people with severe declines in intrinsic capacity are at a higher risk of experiencing psychological distress and depression themselves. Caregiving stress or burden has a profound impact on the physical, emotional and economic status of women and other unpaid caregivers. A needs assessment and access to psychosocial support and training should be offered to caregivers experiencing stress.

WHO defines **intrinsic capacity** as the composite of all the physical and mental capacities of an individual; and **functional ability** as the combination and interaction of intrinsic capacity with the environment a person inhabits.