



ANHI
ABBOTT NUTRITION
HEALTH INSTITUTE

INTEGRATED CARE FOR OLDER PEOPLE (ICOPE) NUTRITION RECOMMENDATION OVERVIEW

AGENDA

- Aging, health, nutrition & the role of healthcare professionals
- The World Health Organization's stance on aging
- ICOPE
 - What is it?
 - What is integrated care?
 - What are the recommendations?
- Nutrition recommendation
- Discussion and activity
- Resources



HOW AGING AFFECTS HEALTH

- Demographic change and socioeconomic development
- Increasing need for long-term care
- Physiological changes increase risks of developing chronic disease and care dependency



Image from the World Health Organization (WHO)

Common in older people:

- Hearing loss
- Vision impairment
- Decreased mobility
- Dementia
- Heart disease
- Stroke
- Chronic respiratory disorder
- Diabetes
- Arthritis
- Back pain

HOW MALNUTRITION AFFECTS OLDER ADULTS

- Prevalence of **undernutrition** in older people

Due to:

- Sensory impairment – taste, smell, vision
- Poor oral health
- Isolation, loneliness, and depression

Associated with:

- Weight loss
- Reduced muscle and bone mass
- Diminished cognitive function
- Decreased ability to care for oneself → higher risk of becoming care dependent
- Premature mortality
- Changes in body composition
- Weight loss due to decrease in lean mass and increase in fat mass
- Increased risk of developing osteoporosis and impaired immune response

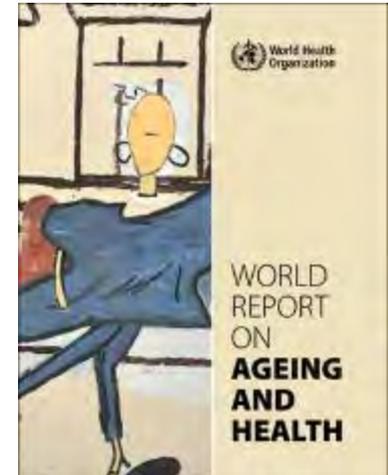
THE HEALTHCARE PROFESSIONAL'S ROLE

- Detect impairments
 - Declines in physical and mental capacities
- Deliver interventions to prevent or delay progressions
- **Early intervention is essential!**



BACKGROUND ON WORLD HEALTH ORGANIZATION (WHO) AND AGING ISSUE

- **2015:** WHO publishes first World Report on Aging and Health
 - “Comprehensive public health action on population ageing is urgently needed. This will require fundamental shifts, not just in the things we do, but in **how we think about ageing itself**”
- **2016:** World Health Assembly adopts global strategy and plan of action on aging and health
 - “Indeed, even in very advanced years, physical activity and good **nutrition** can have powerful benefits on health and well-being”
- Both documents reflect new conceptual model of healthy aging built around functional ability, rather than absence of disease



BACKGROUND ON WORLD HEALTH ORGANIZATION (WHO) AND AGING ISSUE

- **2015:** United Nations adopts 2030 agenda for sustainable development
 - “The Goals and targets will stimulate action over the next 15 years in areas of critical importance for humanity and the planet”
- UN Sustainable Development Goal 2: Zero Hunger
 - Target 2: “...**end all forms of malnutrition**...and **address the nutritional needs** of adolescent girls, pregnant and lactating women, and **older persons**”
- UN Sustainable Development Goal 3
 - “ensure healthy lives and promote wellbeing for all **at all ages**”
- Follows the WHO framework of *healthy aging*
 - Goal of maintaining function across the life course



World Health
Organization

ICOPE

- Integrated Care for Older People
- Guidelines and recommendations from the WHO
- Follows framework on healthy aging
 - Functional ability, rather than absence of disease
- WHO Department of Ageing and Life Course
- Guideline Development Group
- External Review Group
- Published in 2017

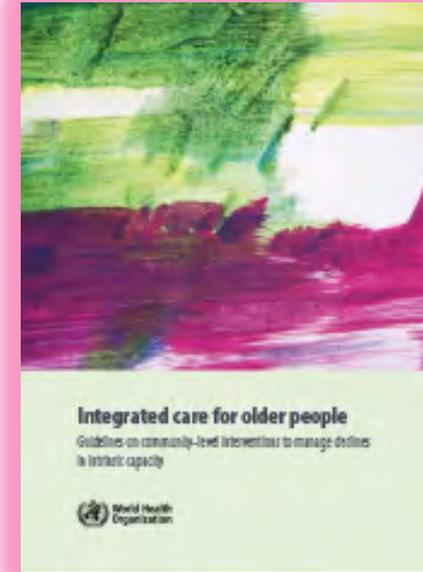


Image from the World Health Organization (WHO)

ICOPE: WHAT IS INTEGRATED CARE?

- Community-based
- Catered to the needs of the older person, rather than the provider
 - Responsive to a diversity of older people
- Coordinated with long-term care systems
- Delivering integrated care
 - 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



Image from the World Health Organization (WHO)



ICOPE: GOALS

- Prevent, slow, or reverse declines in **intrinsic capacity**
 - “the composite of all the physical and mental capacities of an individual”
- Maximize **functional ability**
 - “the combination and interaction of intrinsic capacity with the environment a person inhabits”
- ICOPE focuses on intrinsic capacity and functional ability, rather than the absence of disease
 - Health services oriented towards outcomes most appropriate for the older person’s daily life

ICOPE: RECOMMENDATIONS IN 3 AREAS

- Declining physical and mental capacities
 - Mobility loss, malnutrition, visual impairment, hearing loss, cognitive impairment, and depressive symptoms
- Geriatric syndromes associated with care dependency
 - Risk of falls and urinary incontinence
- Caregiver support



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



- Older people should receive **routine screening for visual impairment** in the primary care setting, and timely provision of comprehensive eye care
- 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
- 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.

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.

ICOPE RECOMMENDATION 2

Oral supplemental nutrition with dietary advice should be recommended for older people affected by undernutrition



ICOPE RECOMMENDATION 2: CONSIDERATIONS

- Nutritional assessment
- Assess muscle mass & muscle strength
- Dietary counseling
- Supplementary foods
- Mealtime interventions
- Protein absorption decreases with age
- Refer to a physician
 - If evidence of potentially serious underlying physical illness



ICOPE RECOMMENDATION 2: CONSIDERATIONS

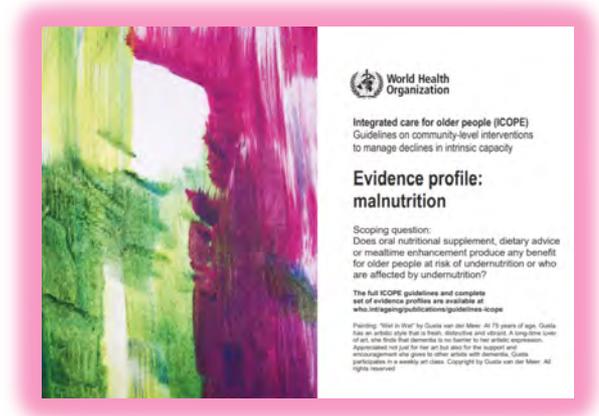
- Nutritional assessment
- Assess muscle mass & muscle strength
- Dietary counseling
- Supplementary foods
- Mealtime interventions
- Protein absorption decreases with age
- Refer to a physician
 - If evidence of potentially serious underlying physical illness



What does good nutrition mean to you?

ICOPE RECOMMENDATION 2: EVIDENCE

- Rigorous approach to evidence-based recommendations
- Literature review and meta-analysis
- **Population**
 - People over age 60 at risk of or affected by undernutrition
 - In community/primary care and hospital/long-term care settings
- **Interventions**
 - Oral nutritional supplements (ONS)
 - Dietary advice or education – sometimes combined with ONS
 - Mealtime enhancement strategies
- **Findings**
 - ONS helps with:
 - Weight gain
 - Hand grip strength
 - Improvement in activities of daily living
 - Reduction in mortality
 - Not strong evidence for recommending dietary advice as a stand-alone intervention

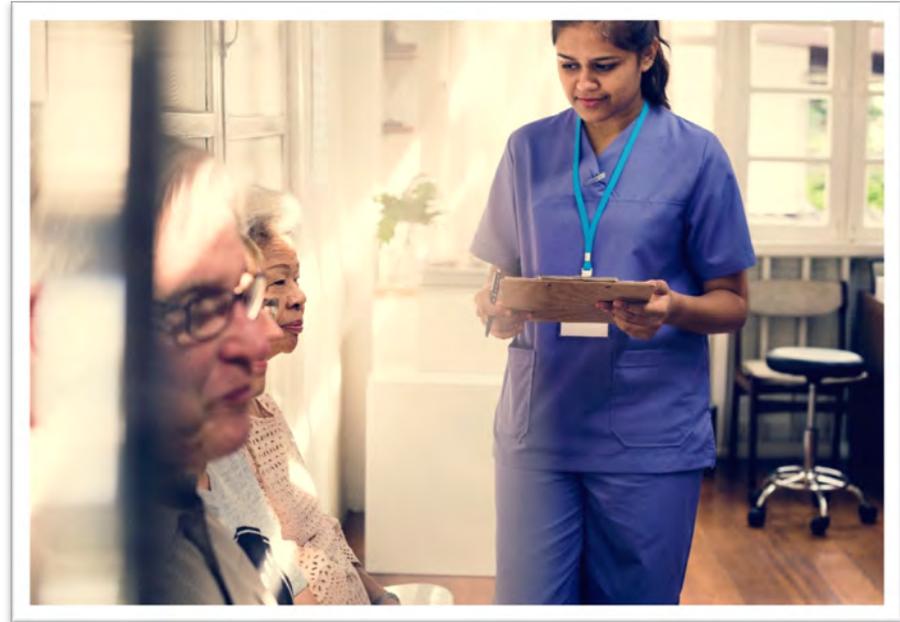


ICOPE RECOMMENDATION 2: REMARKS

- Undernutrition is preventable and reversible
- Reversing weight loss can improve functional ability
- Can administer an additional 97-1200 kcal per day through ONS
- Specific to the older person
- Diversity in types of ONS
 - Liquid, powder, pudding, etc.
 - Both macronutrients (e.g., protein) and micronutrients
- Dietary advice encouraged when possible



DISCUSSION AND ACTIVITY



REFERENCES

- Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity. Geneva: World Health Organization; 2017.
<http://apps.who.int/iris/bitstream/handle/10665/258981/9789241550109-eng.pdf;jsessionid=032350F0B6602DDB6F41C5583BF7498C?sequence=1>
- Evidence profile: Malnutrition. Integrated care for older people: Guidelines on community-level interventions to manage declines in intrinsic capacity. Geneva: World Health Organization; 2017. <http://www.who.int/ageing/health-systems/icope/evidence-centre/en/>
- About the Sustainable Development Goals. United Nations website.
<https://www.un.org/sustainabledevelopment/sustainable-development-goals/>. Accessed June 2019.
- World report on ageing and health. Geneva: World Health Organization; 2015.
https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf?sequence=1
- World Health Organization. Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health. 2016.
http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_17-en.pdf