Sistema Socio Sanitario
Fondazione IRCCS San Gerardo dei Tintori
Regione Lombardia

Case di Comunità e Geriatria: un'alleanza per affrontare le sfide dell'invecchiamento della popolazione

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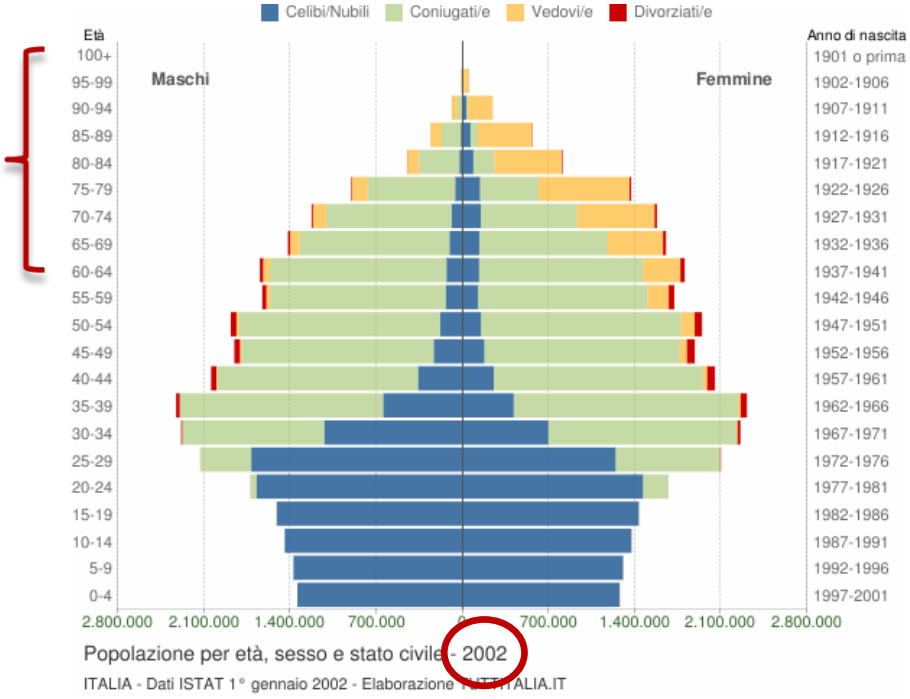
SOCIETÀ ITALIANA DI GERONTOLOGIA E GERIATRIA

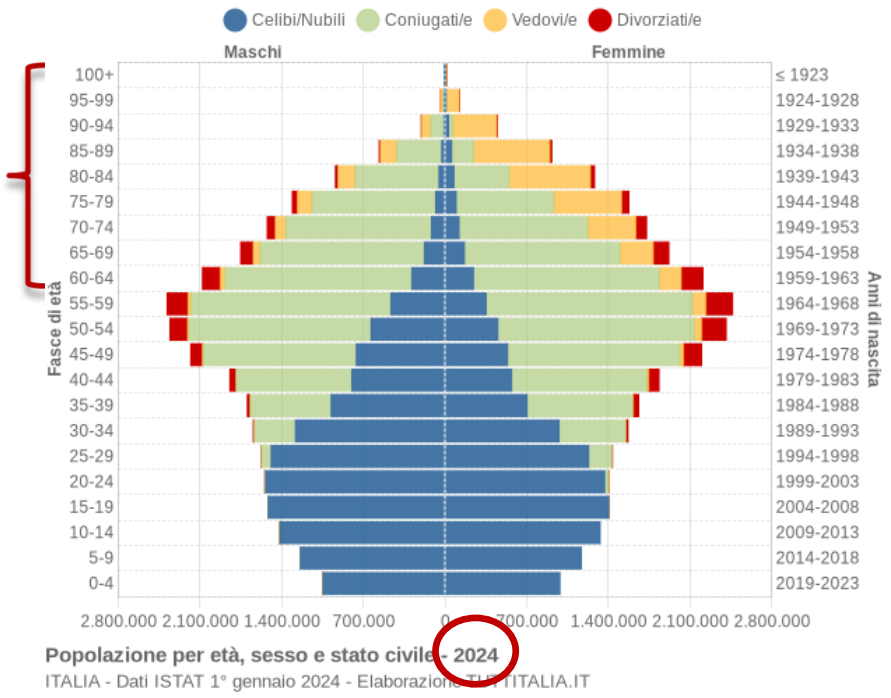
UNIVERSITÀ DEGLI STUDI DI MILANO BICOCCA

Popolazione residente in Italia nel 2002 e 2024 per età, sesso e stato civile

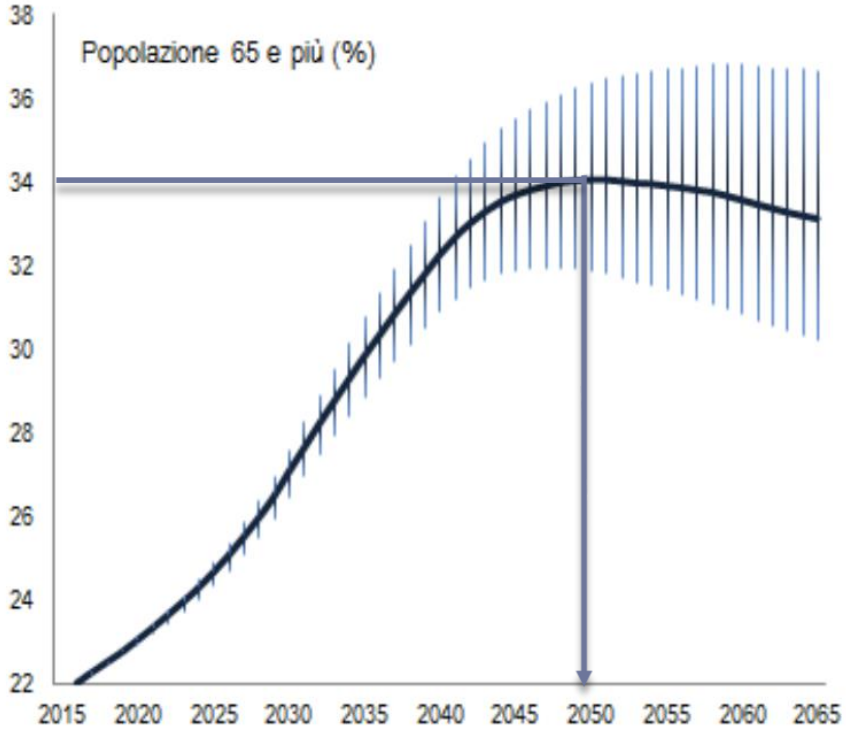
18.7%

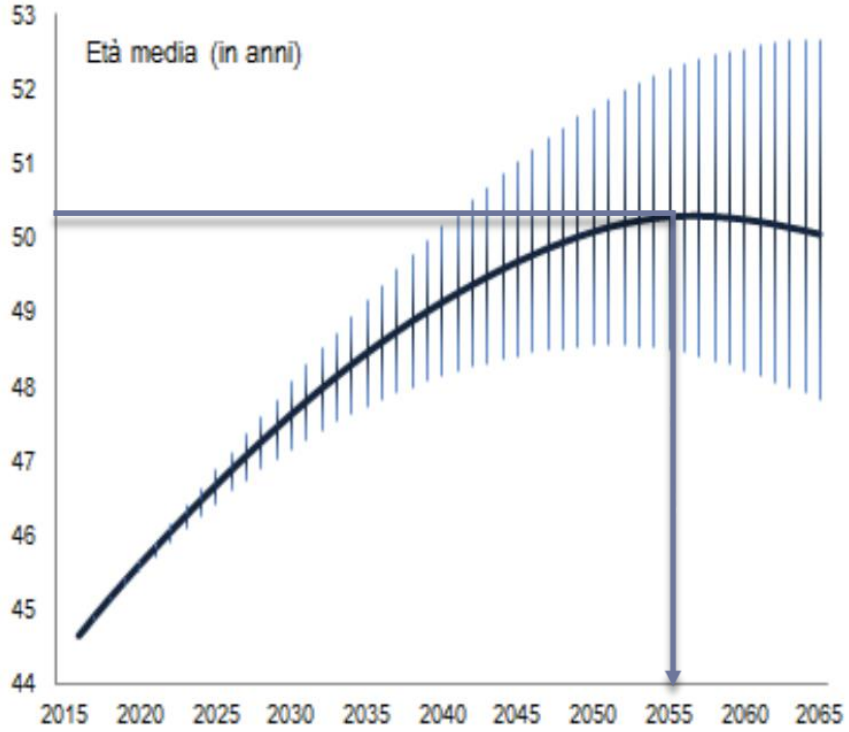


24.3%



Previsioni della popolazione residente al 2065



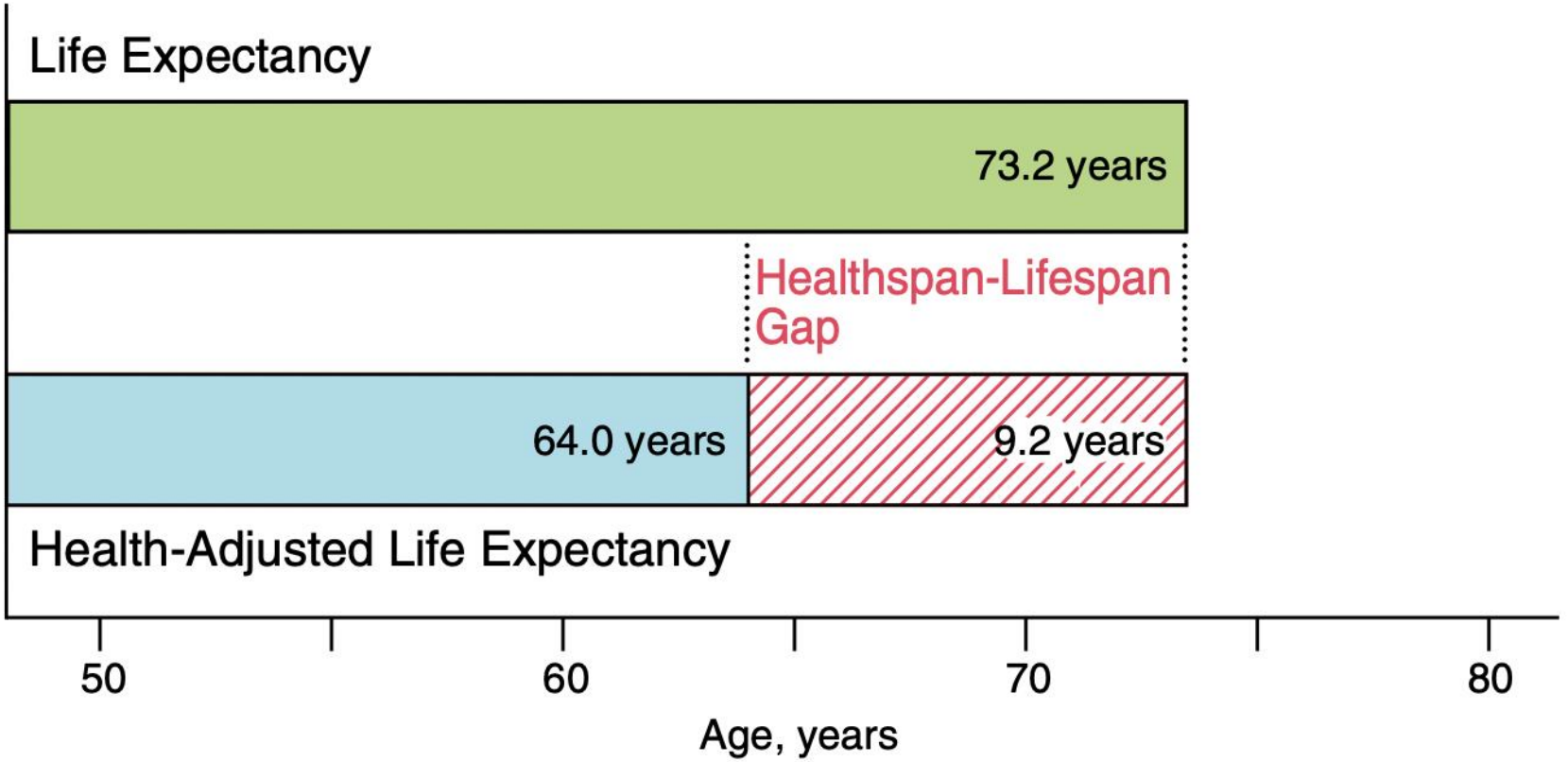


Rapporto ISTAT 26/04/2017

Longevity leap: mind the healthspan gap

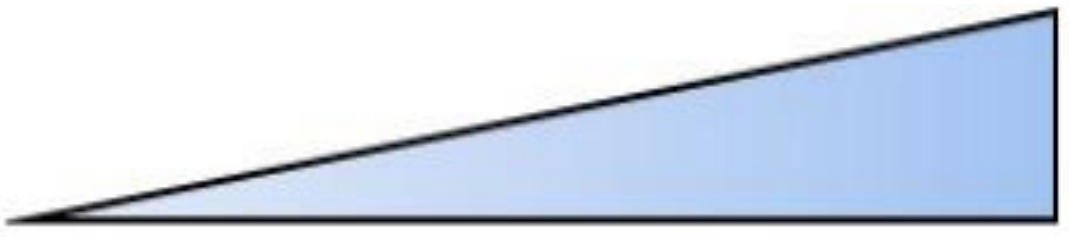
Armin Garmany[1,2,3], Satsuki Yamada[1,2,4] and Andre Terzic[1,2,5,6]✉

npj Regenerative Medicine (2021)6:57 ; https://doi.org/10.1038/s41536-021-00169-5



92 anni

82 anni



Heterogeneity increases with aging

Young adults

Older adults

NAS Drug Research & Development Workshop, 2020

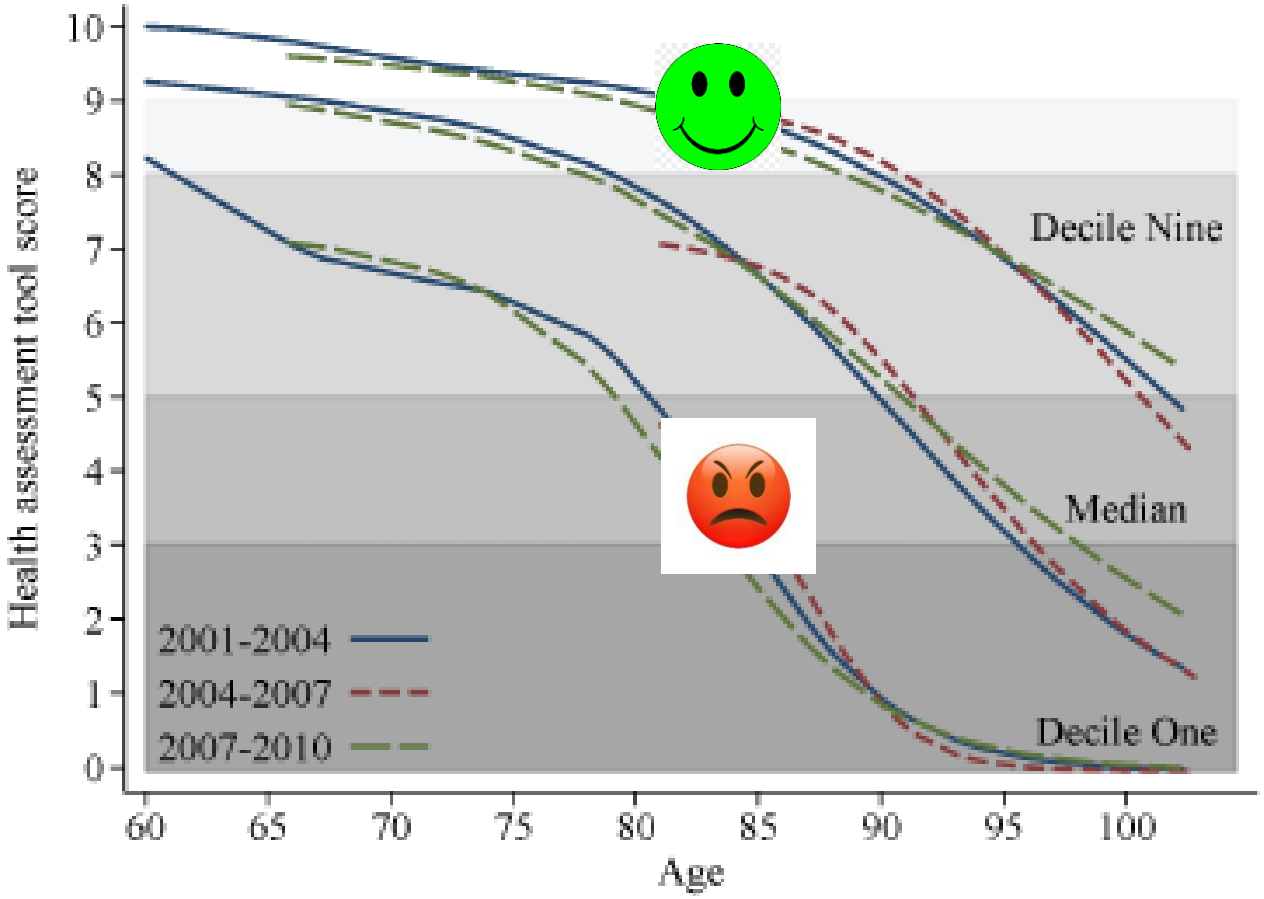
People do not age in the same way

3,363 people aged 60+ yrs

SNAC-K (Swedish National study on Aging and Care-Kungsholmen)

assessed at
- baseline
- 3-year FU
- 6-year FU

Health assessed using 5 clinical indicators (no. chronic diseases, physical & cognitive performance, personal and instrumental ADL)



Santoni G et al., J Gerontol A Biol Sci Med Sci, 2017, 72, 1123–1129

SPECIAL ARTICLES

The End of the Disease Era

Mary E. Tinetti, MD, Terri Fried, MD

The time has come to abandon disease as the focus of medical care. The changed spectrum of health, the complex interplay of biological and nonbiological factors, the aging population, and the interindividual variability in health priorities render medical care that is centered on the diagnosis and treatment of individual diseases at best out of date and at worst harmful. A primary focus on disease may inadvertently lead to undertreatment, overtreatment, or mistreatment. The numerous strategies that have evolved to address the limitations of the disease model, although laudable, are offered only to a select subset of persons and often further fragment care. Clinical decision making for all patients should be predicated on the attainment of individual goals and the identification and treatment of all modifiable biological and nonbiological factors, rather than solely on the diagnosis, treatment, or prevention of individual diseases. Anticipated arguments against a more integrated and individualized approach range from concerns about medicalization of life problems to "this is nothing new" and "resources would be better spent determining the underlying biological mechanisms." The perception that the disease model is "truth" rather than a previously useful model will be a barrier as well. Notwithstanding these barriers, medical care must evolve to meet the health care needs of patients in the 21st century. **Am J Med. 2004;116:179–185.**

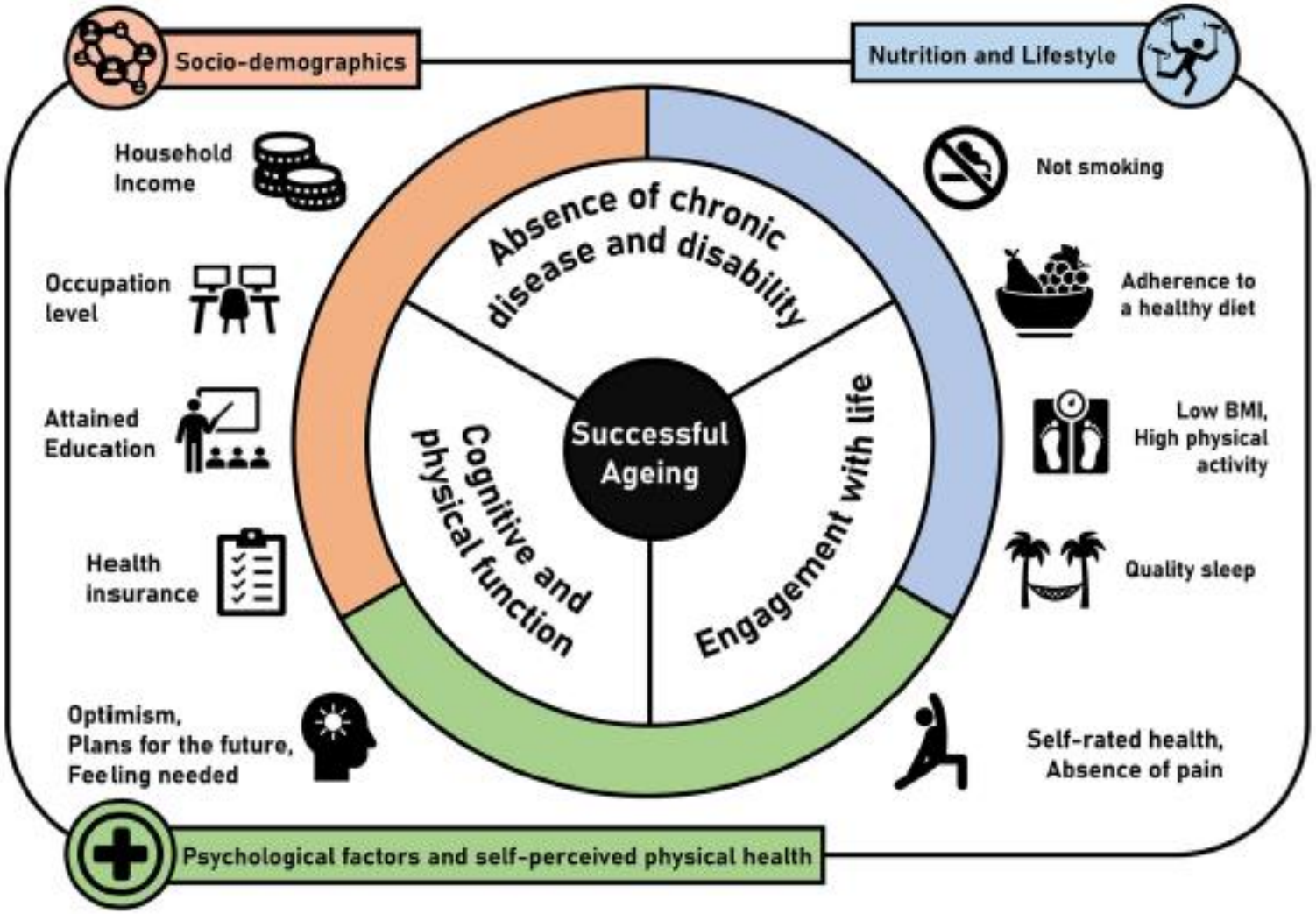
"…The time has come to **abandon disease as the primary focus of medical care**. When disease became the focus of Western medicine in the 19th and early 20th century, the average **life expectancy** was 47 years and most clinical encounters were for **acute illness**.

Today, the average life expectancy in developed countries is 74 years and increasing, and most clinical encounters are for **chronic illnesses or non-disease-specific complaints**…"

> Front Public Health. 2023 Nov 21:11:1258280. doi: 10.3389/fpubh.2023.1258280. eCollection 2023.

Determinants and indicators of successful aging as a multidimensional outcome: a systematic review of longitudinal studies

Caue Egea Rodrigues [1], Caine Lucas Grandt [2 3], Reem Abu Alwafa [4], Manal Badrasawi [4], Krasimira Aleksandrova [2 3]



World Health Organization

WORLD REPORT ON **AGEING AND HEALTH**

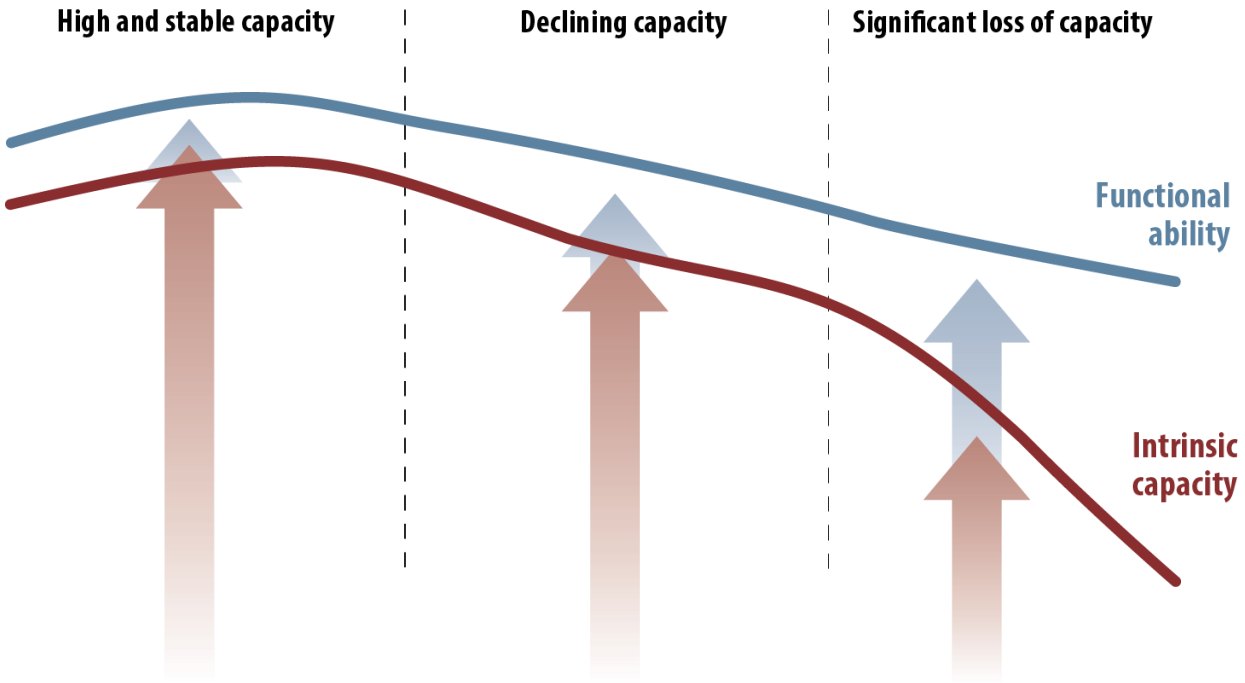
The decade of healthy ageing: 2021-2030

Lexicon

- **Healthy Ageing**: the process of developing and maintaining the functional ability that enables well-being in older age.
- **Intrinsic capacity**: the composite of all the physical and mental capacities of an individual.
- **Environments**: all the factors in the extrinsic world that form the context of an individual's life.
- **Functional ability:** the health-related attributes that enable people to be and to do what they have reason to value.

World Health Organization

Public Health Framework for Healthy Ageing



Health care professionals should move away from focusing on disease towards focusing on Healthy Ageing – that is, maintaining and enhancing the IC and FA to prevent frailty in older people.

Definizione e Obiettivi delle Case della Comunità D.M. 77

- Strutture fisiche facilmente accessibili dove rivolgersi per esigenze di assistenza sanitaria e socio-sanitaria
- Obiettivi
  - Fornire un punto di riferimento unico per l'accesso a servizi di prevenzione, cura e riabilitazione, **specialmente per persone con malattie croniche o in condizioni di fragilità.**
  - Offrire **un'assistenza integrata tra servizi sanitari e socio-sanitari, garantendo continuità delle cure e riducendo il ricorso improprio al pronto soccorso.**

Definizione e Obiettivi delle Case della Comunità D.M. 77

Tipologie principali:

- **Hub**: Apertura 24 ore su 24, 7 giorni su 7, con presenza medica continua e assistenza infermieristica garantita. Equipe multiprofessionali composte da **Medici di Medicina Generale, Pediatri di Libera Scelta, specialisti ambulatoriali, infermieri e altre figure sanitarie e socio-sanitarie.**
- Spoke: Apertura almeno 12 ore al giorno, 6 giorni su 7, con presenza medica e infermieristica durante l'orario di servizio. Collaborazione con le Case Hub per garantire **una rete integrata** di servizi sul territorio.

BMJ Global Health

Implementing care for healthy ageing

Matteo Cesari ,[1] Yuka Sumi,[1] Zee A Han ,[1] Monica Perracini,[1]
Hyobum Jang ,[1] Andrew Briggs,[1] Jotheeswaran Amuthavalli Thiyagarajan,[1]
Ritu Sadana,[1] Anshu Banerjee[2]

Integrated care for older people reflects a **continuum of care** that will help to **reorient health and social services** towards a more **person-centred** and **coordinated model of care that supports optimising functional ability for older people**

BMJ Glob Health. 2022;7(2):e007778

Evidence-based Interventions to Manage Declines In Intrinsic Capacity

Limited mobility	**Encourage multimodal exercise**, including strength, balance, flexibility and aerobic training.
Undernutrition	**Provide dietary advice and oral supplemental nutrition** to those who are undernourished.
Vision impairment	**Provide routine screening for visual impairment** and offer comprehensive eye care.
Hearing impairment	**Screen hearing and offer hearing aids, as needed.**
Cognitive impairment	**Offer cognitive stimulation** to all older people with cognitive impairment.
Depressive symptoms	**Provide brief, structured psychological interventions** to older adults experiencing depressive symptoms following WHO mhGAP guide.

Additional Evidence-based Interventions

Other interventions can be delivered at the community-level to enhance intrinsic capacity and promote healthy ageing.

Urinary Incontinence

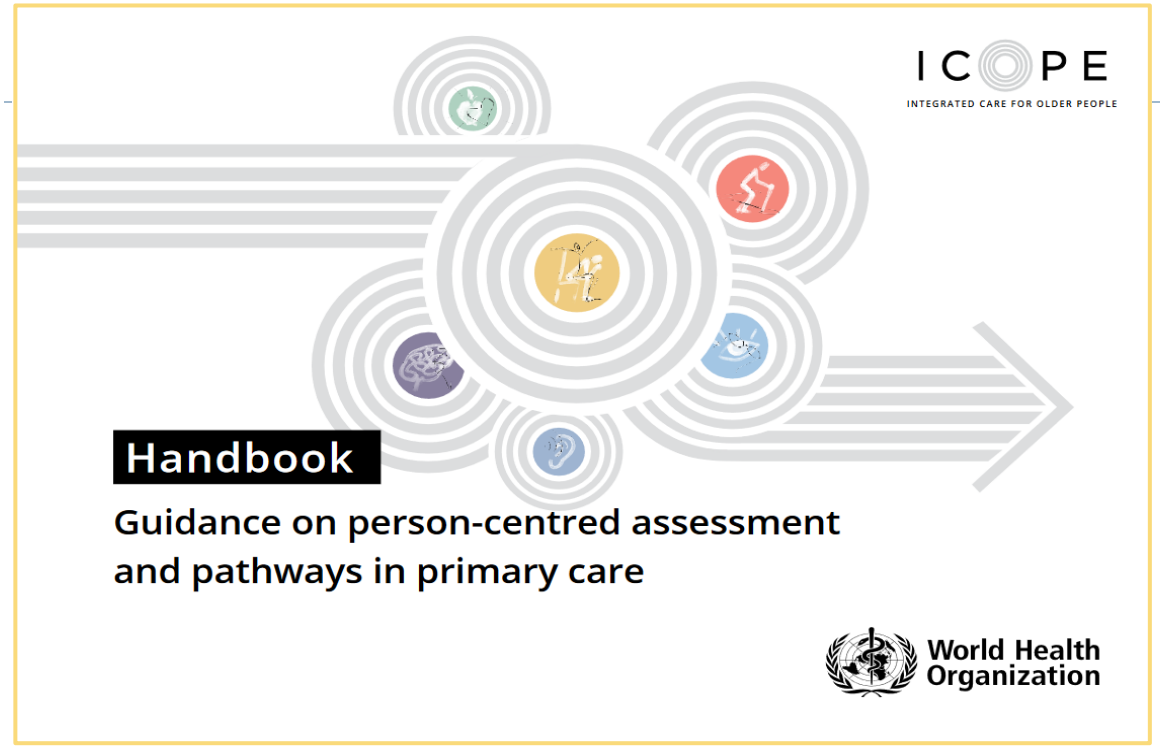
- Remind people with cognitive impairment to urinate at specified times.
- Encourage pelvic floor muscle training for older women with urinary incontinence.

Prevent Falls

- Review and withdraw any unnecessary or harmful medication.
- Encourage multimodal exercise (strength, balance, flexibility and aerobic training).
- Promote home-hazard assessments and adaptations.
- Recommend comprehensive interventions that address the multiple contributors to falls.

Care Givers

- Offer psychological interventions, training and support to family members and other informal caregivers of care-dependent older people.


ICOPE
INTEGRATED CARE FOR OLDER PEOPLE
Handbook
Guidance on person-centred assessment and pathways in primary care
World Health Organization


ICOPE
Handbook App
World Health Organization


Limited mobility
Malnutrition
Visual impairment
Depressive symptoms
Cognitive decline
Hearing loss

Generic care pathway

Person-centered assessment and pathways in primary care

TABLE 1.

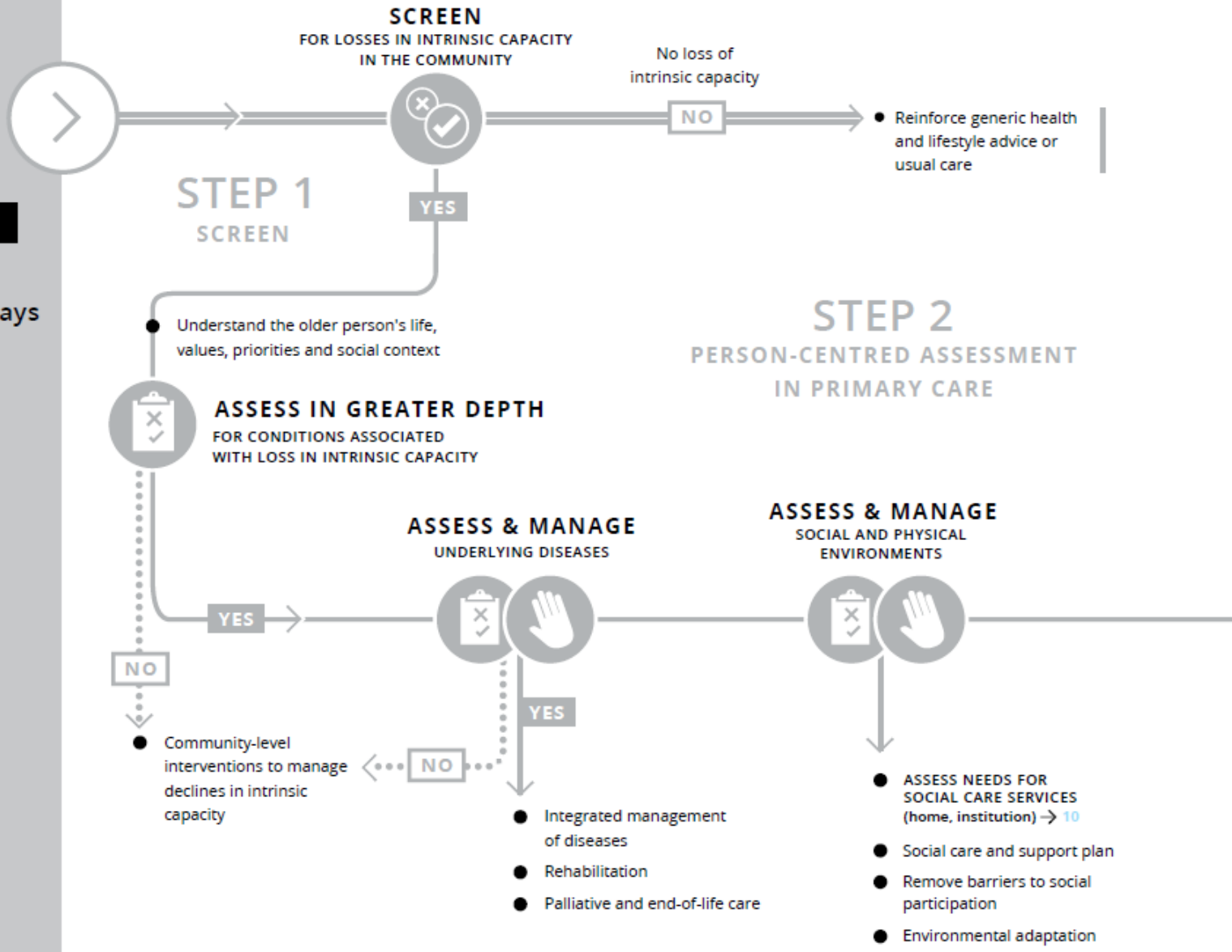
WHO ICOPE SCREENING TOOL

Priority conditions associated with declines in intrinsic capacity	Tests	Assess fully if any answer in each domain triggers this
COGNITIVE DECLINE (Chapter 4)	1. Remember three words: flower, door, rice (for example)	
	2. Orientation in time and space: What is the full date today? Where are you now (home, clinic, etc)?	○ Wrong to either question or does not know
	3. Recalls the three words?	○ Cannot recall all three words
LIMITED MOBILITY (Chapter 5)	Chair rise test: Rise from chair five times without using arms. Did the person complete five chair rises within 14 seconds?	○ No
MALNUTRITION (Chapter 6)	1. Weight loss: Have you unintentionally lost more than 3 kg over the last three months?	○ Yes
	2. Appetite loss: Have you experienced loss of appetite?	○ Yes
VISUAL IMPAIRMENT (Chapter 7)	Do you have any problems with your eyes: difficulties in seeing far, reading, eye diseases or currently under medical treatment (e.g. diabetes, high blood pressure)?	○ Yes
HEARING LOSS (Chapter 8)	Hears whispers (whisper test) *or* Screening audiometry result is 35 dB or less *or* Passes automated app-based digits-in-noise test	○ Fail
DEPRESSIVE SYMPTOMS (Chapter 9)	Over the past two weeks, have you been bothered by – feeling down, depressed or hopeless?	○ Yes
	– little interest or pleasure in doing things?	○ Yes

3

Generic care pathway

Person-centered assessment and pathways in primary care



3

Generic care pathway

Person-centered assessment and pathways in primary care

STEP 3

DEVELOP PERSONALIZED CARE PLAN

- Person-centred goal setting
- Multidisciplinary team
- Design a care plan including multi-component interventions, management of underlying diseases, self-care and self-management, and social care and support

STEP 4

ENSURE REFERRAL PATHWAY AND MONITORING OF THE CARE PLAN

WITH LINKS TO SPECIALIZED GERIATRIC CARE

STEP 5

ENGAGE COMMUNITIES AND SUPPORT CAREGIVERS

SCREENING

↓

IDENTIFICATION SUBJECTS AT INCREASED RISK OF EVENTS (FRAILTY)

↓

COMPREHENSIVE GERIATRIC ASSESSMENT

Planning – Implementation of a specific intervention

↓

FOLLOW-UP
RE-EVALUATION

Comprehensive Geriatric Assessment (CGA

- A multidimensional, multidisciplinary diagnostic and therapeutic process conducted to determine the medical, mental, and functional problems of older people with frailty

- Its objective is the development of a coordinated and integrated plan for treatment and follow-up to maximize overall health with aging

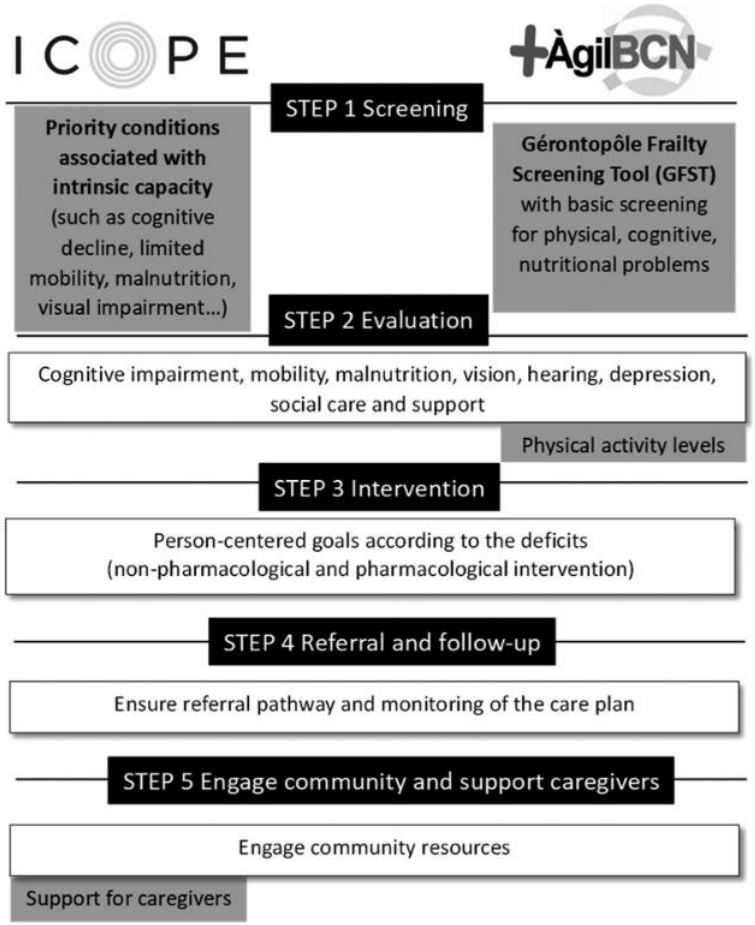
- CGA is based on the premise that a systematic evaluation of frail, older persons by a team of health professionals may identify a variety of treatable health problems and lead to better health outcomes

Ellis G et al. *Cochrane Database Syst Rev* 2017;CD006211

Sustained improvement of intrinsic capacity in community-dwelling older adults: The +AGIL Barcelona multidomain program

Maria Cristina Ferrara[1], Laura Mónica Pérez[2], Aida Ribera Sole[2,3], Lorena Villa-García[2,4,5,6], Joan Ars[2,3,4,7], Luis Soto-Bagaria[2], Giuseppe Bellelli[1,8], Matteo Cesari[9], María Belén Enfedaque[10] & Marco Inzitari[2,4,11]

J Intern Med 2023 ahead of print
doi: 10.1111/joim.13710



Conclusioni

- La sostenibilità dei sistemi di assistenza è oggi messa alla prova dal numero e dalla complessità delle persone anziane
- È necessario riorientare i servizi da modelli incentrati sulla malattia a modelli basati sulla capacità e sulla funzione (es, fragilità, capacità intrinseca e abilità funzionale)
- Il cambiamento di paradigma e l'evoluzione dei sistemi (verso l'integrazione dell'assistenza) possono essere facilitati dall'esperienza acquisita nel corso degli anni dai geriatri, soprattutto nel campo della fragilità
- Il geriatra di comunità può essere un buon punto di partenza