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# ADVANTAGE JOINT ACTION

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





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**ADVANTAGE JA  
NEWSLETTER N.5  
MAY 2019**

ADVANTAGE is the first Joint Action (JA) on the prevention of frailty. It is co-funded by the Third European Health Programme of the European Union 2014-2020 and the Member States (MS). It will run from 2017 to 2019. This JA will contribute to a more homogeneous approach to frailty, improving screening, prevention, assessment and treatment, as well as to the reform of health systems and the identification of priorities in training and research programmes. Its main objective is to establish a common European framework for addressing frailty, which is the main condition associated with the risk of developing disability. The ADVANTAGE Consortium embodies 22 Member States and over 32 European entities.

For more information please visit [www.advantageja.eu](http://www.advantageja.eu)

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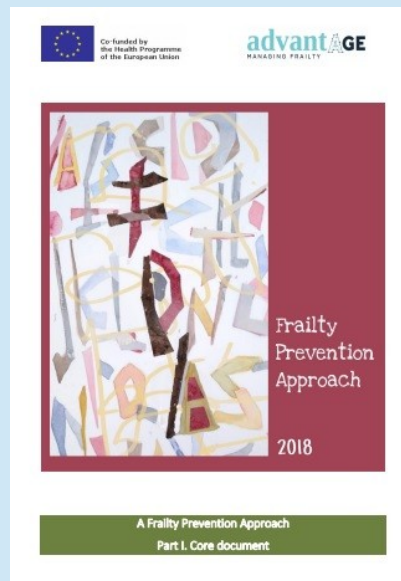


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## Advantage JA FPA document

**The draft Frailty Prevention Approach (FPA) is online!!**



The first draft of the Frailty Prevention Approach (FPA) was presented during the Madrid ADVANTAGE JA Forum: “Taking Action on Frailty: the ADVANTAGE JA perspective.” and is now being revised, incorporating the main ideas and agreements that stemmed during the Forum from the European Commission members, National representatives, partners and other participating stakeholders.

The Frailty Prevention Approach (FPA) document has two parts:

1. the “Core FPA document”: Corresponds to part one. It is a summary of key ideas and messages of the FPA. It offers a guide on frailty key information and makes recommendations for action to policy decisions makers;
2. “Building the case for frailty, the ADVANTAGE JA perspective”: Corresponds to part two. It presents in detail our work that crystalized in the FPA. It provides a reference document with further technical explanations on frailty at EU level. It is designed for health and care professionals, academics, technical advisors and managers (not yet available).

The PFA is the result of two years of work by the ADVANTAGE JA Consortium. It aims to synthesise the scientific evidence on frailty prevention and management and provides an overview of what is taking place in 22 participant Member States of the Consortium.

Other experts external to the Consortium have been invited at different points in the process to comment on the initial draft documents and participate in our discussions. (Members from the External Advisory Board and the Expert Panel). This has brought new insights to the debate and



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enriched the JA understanding of the different stakeholder perspectives from the policy, political, management, professional and academic areas.

The FPA seeks to be a future reference for any region, country or member state which are faced with the ageing and frailty challenge. It provides guidance on how to strengthen national /regional capacities and accelerate national/regional efforts to set up or further develop a frailty prevention policy in the participating MS. Recommendations for action are presented as key messages. The ADVANTAGE JA Consortium believes that the adoption and application of these key messages within the health and social policies of the participating MS will contribute to a reduction in frailty related disability at the individual and population level in Europe.

The draft FPA draft can be viewed on the [ADVANTAGE JA website](#).



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## **Interviews**

### ***Empowerment of citizens and tackling frailty, the point of view of ...***

***Dr Niklas Ekerstad, MD, PhD, specialist in cardiology and internal medicine***

***Research leader, lecturer***

***The Research and Development Unit, NU Hospital, and the Department of Health Sciences,  
University West, Trollhättan-Uddevalla, Sweden***

**Q.** In the light of your clinical and research experience in the field of frailty and old-age frailty, how would you define old-age “frailty”, considering its multidimensional nature (e.g., health, social, economic, ethics, legal)?

**A.** There are different models and instruments, which can be used in order to define and describe frailty. Basically, frailty can be defined as a biological syndrome implying vulnerability to stressors and reduced physiological reserves.

Most researchers agree that there are two types of frailty; physical and psychological, where the occurrence of sarcopenia and diminished muscle strength is one important discriminatory characteristic. Fried's definition of physical frailty includes the following components: muscle weakness, unintended weight loss, slow gait speed, self-reported exhaustion and reduced physical activity (Fried 2001). Another commonly used definition is The accumulation of deficits model, which adds together a person's different diseases and disabilities to produce an index (Rockwood 2005). Furthermore, a holistic, integrated model of frailty, which also addresses social and psychological domains in the assessment, is evolving, i.e. is under development.

Frail elderly individuals are characterised by high health care resource-use. From an ethical and legal aspect, i.e. according to the Swedish legislation, the assessment of the needs of these individuals should be given high priority. Whether this is true in practice can be discussed.

**Q.** From your clinical point of view, what are the needs related to frailty? Are they changing over time?

**A.** Frailty denotes a dynamic syndrome with negative health outcomes, which can improve and worsen over time. Thus, the health care needs of a frail individual are changing over time.

For the individual patient, frailty predicts a high risk of being institutionalised and dying within a short period of time. Furthermore, frailty is strongly associated with functional decline, activity limitations, and prolonged recovery.

Consequently, frail elderly patients are characterised by high health care resource-use. For frail individuals, critical illness requiring hospitalization and prolonged bed rest are associated with physical deterioration and functional impairment persisting for a long time after hospital discharge.

**Q.** What national policies, strategies and initiatives are put in place for addressing the needs of older people with frailty? Are current policies addressing the multidimensional nature of old-age



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frailty?

**A.** Up until now, to my knowledge, relatively few comprehensive initiatives and strategies have been put in place in order to address the needs of frail elderly individuals in Sweden. There are, however, some exceptions. Hopefully, the ADVANTAGE action will improve the situation.

- In 2013, an expert group within the Swedish Council on Health Technology Assessment (SBU) carried out a systematic review, which addressed frailty and Comprehensive geriatric assessment (CGA): Comprehensive geriatric assessment and care of frail elderly. Stockholm: 2013. SBU report no 221.

- In 2013, the Swedish National Board of Health and Welfare published a report, which emphasised that the evaluation of frailty is crucial when elderly patients with organ-specific diagnoses, e.g. acute coronary syndromes, are treated: Frail elderly patients and national guidelines. How the guidelines can be adjusted to meet the needs of frail elderly patients. Report for the National Board of Health and Welfare. Stockholm, Sweden: National Board of Health and Welfare, 2013. (in Swedish).

- For some years, some hospitals in the Västra Götaland Region of Sweden run elderly care units, which are characterised by a structured, systematic interdisciplinary CGA and care performed on the ward, including an early rehabilitation strategy. Similar initiatives have been taken in Region Skåne and the Östergötland Region.

- Recently a network of health care professionals addressing clinical and research issues on frailty was formed in Sweden. One of the aims is to coordinate the efforts within this area.

- Since November 2017, the Clinical Frailty Scale as developed by Professor Kenneth Rockwood is used in a pilot study in order to assess frailty in myocardial infarction patients who have been included in the SWEDEHEART register. It is assumed that the CFS constitutes an appropriate and clinically relevant instrument in the context of cardiovascular patients with complex needs. There is an intention to study the association between frailty and clinical outcomes for these patients.

- In Gothenburg, the FRESH (FRail Elderly Support research group) instrument is used in order to make a primary screening for frailty among elderly individuals. Similar initiatives have been taken in other health care areas in Sweden.



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## Old age is not a disease - Interview with Professor José Viña



Professor José Viña, partner of ADVANTAGE and expert in aging, was interviewed by El País during the Longevity World Forum.

During the interview he underlined that old age is not a disease, but unsatisfactory ageing requires treatment. In this respect research has demonstrated the efficacy of physical activity to delay dependence and improve quality of life in old age.

The **full interview in Spanish** can be found at

[https://elpais.com/sociedad/2018/11/09/actualidad/1541765576\\_309843.html](https://elpais.com/sociedad/2018/11/09/actualidad/1541765576_309843.html)

Below you may find part of the interview translated into English:

**Q.** You argue that improving the quality of life in old age is not only desirable, but crucial for societies.

**A.** The population in Spain, Europe and the richer world in general is ageing very much. The population pyramid has been inverted in a few decades. By 2035, the number of people over 65 will outnumber those under 18 in the United States. And in Europe, projections indicate that by 2020 a third of the people over 65 will be dependent, and the percentage will increase to 50% by 2040. The consequences will be enormous. A vigorous 65+ spends about 900 euros a year on health care, but a dependent person needs 14 times as much. If we do not manage to change the trend, which involves increasing exercise and improving the nutrition of the elderly, we are going to disaster, to economic unfeasibility.

**Q.** You propose intervening in the step prior to dependency, which you call the frailty phase. What does it consist of?

**A.** Frailty is a geriatric characteristic in which a person finds it difficult to do a number of things, such as getting up from a chair, picking up a bottle of water or walking, but can still do them. If you can't, you're already dependent. Exercise is one of the most useful mechanisms to avoid this transition by reversing frailty, as we have concluded through a clinical trial.

**Q.** What have been the results?

**A.** With one-hour sessions five days a week, our program, in which a hundred over-65s participated, showed a reduction of almost 50% in the parameters of frailty, while visits to the primary care physician fell by half. This has an impact on health expenditure and most importantly, as a doctor, it means that the person is healthier



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**Q.** What should the exercise be like?

**A.** It should be multicomponent. In other words, walking is not enough. It should be aerobic, like walking fast or, if possible, even running. There are people in their 70s and 80s who run. But this should be done with caution. I recommend first a medical check-up, followed by a program designed by a specialist. It should also include strength exercises, such as weights and gums. And it should be social; when exercise is done alone abandonment is more likely.

**Q.** You once believed that too much exercise could be harmful, but you've changed your mind. Why?

**A.** For years I seriously thought so. With my group we studied the longevity of the Tour de France runners hoping to find that they would live less, but it turned out that they live 11% longer. The study was done among the riders of the Tour between 1930 and 1960. So if you are previously trained and supervised by a doctor, no problem. The more, the better.

**Q.** It also ensures that exercise improves cognitive decline and prevents Alzheimer's disease.

**A.** Yes. Exercise is one of the most effective interventions currently available to prevent Alzheimer's disease.

**Q.** Does it refer to a list of foods, a type of diet, or what?

**A.** The Mediterranean diet is without doubt good. But older people often have nutritional deficiencies. In Europe, for example, 45% are protein deficient. Many people from the age of 70's or 80's onwards have no appetite, are alone, do not cook, chew badly. On top of that, they need more protein per kilo of weight than a 40-year-old. It is necessary to eat fruit and vegetables, but also proteins. The elderly need a very well-planned diet or, if not, to take supplements, and it is not that I have shares in any company that manufactures them.

**Q.** Do you have to be thin?

**A.** Those under 70 or 75 years old, yes. From that age on, it doesn't matter that much. Spontaneous weight loss is a sign of frailty in the elderly.

**Q.** One of your investigations concludes that centenarians have special genetic characteristics. What are we left with? Does longevity depend on exercise and nutrition or do we have a fixed term?

**A.** Maximum longevity is limited by genetics. Average longevity and quality of life in old age, by lifestyle. We are given some cards, but then it depends on how we play them.





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## ***Frailty related actions Face up to frailty Awareness campaign***



Please join the ADVANTAGE JA European #Faceuptofrailty campaign!!!

The #faceuptofrailty campaign target audience consists of policy and decision makers, professionals of the health and social sectors and citizens because only by acting at all levels we can integrate the concept of frailty into our communities and create practical solutions for those in need. We need a collaborative approach with the involvement and commitment of all stakeholders for proper dissemination of our campaign message.

Aims of the #faceuptofrailty campaign

- To give visibility to the ADVANTAGE JA recommendations among the health workforce, policy makers, managers, and older people and their carers.
- To have social sector contribution to implementing ADVANTAGE JA recommendations and have tangible results in everyday life, thus putting knowledge and evidence into practice.
- To raise awareness of the impact of frailty for individuals, their families, communities and systems.
- To raise awareness of best practices in tackling frailty around Europe and to Support the adopting of local initiatives at European Level.
- To support people to share their stories about living with frailty.
- To help people from all sectors to understand what they can do to prevent and manage frailty.

How can you contribute to the campaign:

- Share the invitation to participate in the campaign with your colleagues and/or other people who you think may be interesting in it.
- Share the invitation to participate in the campaign with other organisations who may be interesting in it.
- Contribute by sending content to be uploaded on the ADVANTAGE JA “Face Up to Frailty” section of the ADVANTAGE website or on the JA social media.
- Highlight to [info@advantageja.eu](mailto:info@advantageja.eu) other national or international campaigns that aim to tackle frailty!

Managing Frailty. A comprehensive approach to  
promote disability-free advanced age in Europe:  
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## News from JA partners

### ADVANTAGE JA #FACEUPTOFRAILTY CAMPAIGN PRESENTED AT ICIC19



### Belgium National Frailty Conference



On the 1st of April 2019 the leaders of the work packages 1, 2 and 7 of ADVANTAGE JA presented the #faceuptofrailty campaign at the 19th International Conference on Integrated Care (ICIC2019) which took place in San Sebastian, the Basque Region in Spain from April 1st to 3rd.

The ADVANTAGE JA workshop aimed to raise awareness of the campaign and engage stakeholders through discussion and audience participation, raising questions about how health systems recognise and manage people living with frailty.

The workshop was greatly appreciated by the audience who actively contributed by sharing experiences from their local and national contexts. They also showed interest for the #faceuptofrailty campaign and agreed to contribute and disseminate it.

On the 29th of April 2019 in Belgium the national frailty conference was organised. The aim of this conference was to bring Belgian policy makers, officials from public administrations, scientists, representatives of professional and care organisations and other stakeholders involved in the health and/or care of older people together and:

- provide **intermediate results** of ADVANTAGE JA;
- exchange information on current **activities and projects in Belgium** on frailty;
- **discuss needs and challenges** for the future.

For this event, WP7 leader provided lessons learned from ADVANTAGE in the domain of models of care. The Belgian representative for ADVANTAGE JA gave a presentation on ADVANTAGE with a special focus on the face up to frailty campaign.



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## Dr Anne Hendry at SUSTAIN final conference



Dr Anne Hendry, Clinical Lead for Integrated Care, Work Package 7 Leader of the European Joint Action on Frailty (ADVANTAGE), and Senior Associate at International Foundation for Integrated Care (IFIC) was invited to present at the SUSTAIN final conference, as she was part of the SUSTAIN project ([www.sustain-project.org](http://www.sustain-project.org)) for a period in 2016. Her presentation, titled “Beyond SUSTAIN – creating the conditions for Integrated Care for Older People” gave her an opportunity to highlight the work of Advantage JA and encourage the consortium partners to embrace the Face up to Frailty Campaign as well as link with the IFIC activities.

## I Day Care Plan for the Elderly (PAM) in Osakidetza



On the 14th of March 2019 in Osakidetza Health Professionals from Primary Care, Mental Health, Hospital Care, Social Health, public Public Health representatives and healthcare management teams met in order to:

- Raise awareness of the importance of maintaining good functionality in the elderly person.
- Provide guidelines to make function the focus of their attention through the application of the Program of Attention to the elderly (PAM).

Further information at <https://www.osakidetza.euskadi.eus/evento/i-jornada-plan-de-atencion-a-la-persona-mayor-pam-en-osakidetza/r85-pkcong02/es/>

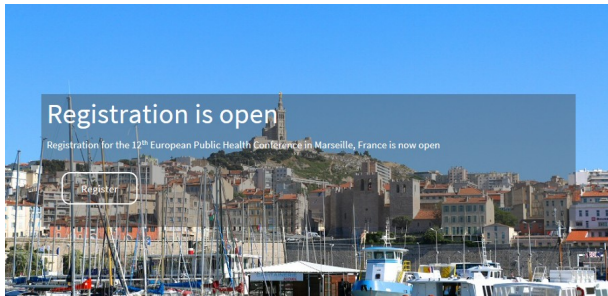


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## Frailty Related conferences

### **12th European Public Health Conference Building bridges for solidarity and public health**



The 12th EPH Conference will be held in Marseille, France in the Marseille Chantot, Palais des Congrès et des Expositions, 114 Rond-Point du Prado, from 20-23 November 2019.

The annual EPH conferences are considered the premier European gatherings of public health professionals worldwide. Delegates include researchers, policymakers, practitioners and educators in public health and many other related fields. More information in the Announcement.

### **16th World Congress on Public Health - Rome 2020 Public Health for the Future of Humanity: Analysis, Advocacy, and Action**



From 12 to 17 October 2020, at La Nuvola, Rome, Italy, over 4,000 public health professionals, policy makers and students will meet for the 16th World Congress on Public Health. This important event that takes place every three years is organized by the World Federation of Public Health Associations (WFPHA) in collaboration with the Italian Society of Hygiene, Preventive Medicine and Public Health (SItI) and the European Public Health Association (EUPHA).



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### IAGG-ER Congress 2019



The 9th International Association of Gerontology and Geriatrics European Region Congress (IAGG-ER Congress) will take place on 23rd – 25th May 2019 in Gothenburg, Sweden.

The IAGG-ER Congress will present and share findings, ideas and innovations on multidisciplinary perspectives of ageing and the life-course.

The congress theme is ‘Towards Capability in Ageing – from cell to society’. The theme emphasizes our ability to perform actions in order to reach valued goals within the macro, meso, and micro contexts.

The congress is the natural meeting place for researchers and professionals engaged in various scientific enquires and aging matters, whether in biological science, medical and health sciences, social sciences, in humanities or aging services. The main track of the congress includes sessions on multidisciplinary aspects of aging in which we can meet and learn from each other.

Please visit <https://iagger2019.se/>

### 3rd GSM CONFERENCE – Qawra, Malta



On the 3rd of May, 2019. The Geriatric Medicine Society of Malta (GSM) is organising their 3rd Geriatric Medicine Conference: Exploring New Giants in Geriatrics, including topics such as end of life care and frailty.