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ICOPE - Implementation of Integrated Care for Older People

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What are the ICOPE guidelines?

ICOPE guidelines offer evidence-based guidance on:

- comprehensive assessment of health status in an older person
- delivery of integrated healthcare to individuals

ICOPE guidelines can support

- national policy on healthy ageing
- Integration of health and social care systems
Why do we need ICOPE recommendations?

- A focus on function as well as disease
- A pro-active approach: detect change in intrinsic capacity
- Strengthen primary and community care
- Encourage a multidisciplinary approach
- Addressing IC minimises losses of functional ability

This will reduce care dependency
What does ICOPE contain?

Module 1  Interventions to preserve *intrinsic capacity*: all the 5 domains matter

Module 2  Interventions for *age related (geriatric) syndromes* including falls and urinary incontinence

Module 3  Support for *care givers*
How was ICOPE developed?

- WHO has a rigorous approach to guideline development
  - Guideline development group, an international group of experts, independent of WHO
  - Expert systematic reviews, by or commissioned by WHO
  - Careful attention to any potential conflicts of interest
  - Grading of quality of evidence
  - Grading of recommendations with input from stakeholders, including considerations of impact and feasibility
  - External peer review

Integrated Care for Older People (ICOPE) Guideline
13 Recommendations covering

6 Actions to manage the declines in the intrinsic capacity of older people

1. Improve musculoskeletal function, mobility and vitality
2. Maintain older adults’ capacity to see and hear
3. Prevent cognitive impairment & promote psychological well-being
4. Manage age-related conditions such as urinary incontinence
5. Prevent falls
6. Support caregivers

Integrated Care for Older People (ICOPE) Guideline
1. Improve musculoskeletal function, mobility and vitality

Encourage multimodal exercise including (a) strength, (b) balance, (c) flexibility and (d) aerobic training

Provide dietary advice and oral supplemental nutrition to those who are undernourished
Key points

• Increasing regular physical activity benefits physical and mental wellbeing
• Multicomponent exercise that includes strength training, aerobic exercise, balance training and flexibility training.
• Increasing regular physical activity or exercise programmes should be introduced in a graded manner.
• Input from specialized health providers may be required to develop an exercise program for some older people with complex health needs.
1. **Improve musculoskeletal function, mobility and vitality**

   Encourage multimodal exercise including (a) strength, (b) balance, (c) flexibility and (d) aerobic training

   **Provide dietary advice and oral supplemental nutrition** to those who are undernourished
Key points

• Nutritional assessment including food consumption, eating behaviour, and muscle mass and strength will guide an individual intervention
• Dietary counseling and mealtime interventions can improve the quality and quantity of food intake
• Protein requirements of older people are high, especially for frail or unwell individuals
• Food supplementation will be needed for some including “off the shelf” products, as advised by dietary experts
• Medical causes of malnutrition must be considered
Maintaining the sensory capacity of older adults is feasible and affordable, and fosters mobility, social participation and engagement of older people.

- Provide routine screening for visual impairment and offer comprehensive eye care
- Screen hearing capacity and intervene to reduce the impact of hearing loss
Key points - Vision

• Of the 191 million people globally with moderate or severe vision loss, 80% could be prevented

• 2 commonest causes are refractive error and cataract – they give early symptoms and can be easily detected by screening in primary care, eg Snellen charts

• Other common causes (age-related macular degeneration, glaucoma and diabetic retinopathy) - older people may not notice but can be suspected by case finding and identified by regular expert eye examinations.

Integrated Care for Older People (ICOPE) Guideline
Key points - Hearing

• Community awareness must be raised about the frequency and impact of hearing loss

• Testing hearing impairment can be effectively done by trained non specialist healthcare staff

• Hearing aids work and need to be accessible and maintained

• Sudden loss or other “red flags” need specialist attention

Integrated Care for Older People (ICOPE) Guideline
3 Prevent cognitive impairment & promote psychological well-being

• Cognitive stimulation can be offered to older people with cognitive impairment, with or without a diagnosis of dementia

• Older adults who are experiencing depressive symptoms can be offered brief structures psychological interventions in accordance with WHO mhGAP guidelines
Key points - Cognition

• Cognitive impairment can be assessed with local validated tools or by trained non specialists focusing on memory recall, orientation, pictorial recognition of relevant objects, language and functional tasks including financial literacy

• Family, carers and other community resources can support orientation, memory and other cognitive activities

• Structured stimulation sessions over ~ 10 weeks can be provided by non specialists trained in the key principles
Key points – Depression

• Many older people with depressive symptoms do not have clinical depression and can be helped by (i) overcoming social isolation, (ii) problem solving

• Cognitive behaviour therapy may help some, and should be conducted according to mhGAP guidance

• Moderate or severe depression will need attention from professionals with a good understanding of mental health in older adults
4. Manage age-related conditions such as urinary incontinence

• Urinary incontinence is often “hidden” and assumed to be inevitable

• Encourage family or carers etc to remind people with cognitive impairment to urinate at specified times

• Encourage pelvic floor muscle training for older women with urinary incontinence

• Pelvic floor muscle training is effective in managing urge leakage and can help avoid depression, as well as maintain self-esteem and social and sexual activities in older age.

Integrated Care for Older People (ICOPE) Guideline
5 Prevent falls

• Falls are the major cause of trauma related death in older people and most happen from standing height doing ordinary activities
• 20-30 % of falls in community can be prevented
• Review and withdraw any unnecessary or harmful medication
• Encourage multimodal exercise (strength, balance, flexibility and aerobic training)
• Promote home-hazard assessments and adaptations
• Many falls are multifactorial and need a comprehensive approach

These interventions can reduce older people’s risk of falls, decrease hospitalizations and injury-related deaths.

Integrated Care for Older People (ICOPE) Guideline
6 Support caregivers

• Caregivers are usually family, friends or neighbours first and regard themselves in that light

• A high carer role is associated with stress and poor self care

• Offer help to obtain practical help and community support

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

• These interventions can help reduce the risk of psychological distress and depression experienced by persons who provide care to people with severe declines in capacity

Integrated Care for Older People (ICOPE) Guideline
Recap—What are the ICOPE guidelines?

The ICOPE guidelines offer evidence-based direction on:

- comprehensive assessment of health status in an older person
- delivery of integrated health care
  - to stop/slow/reverse declines in intrinsic capacity
  - address the age related conditions such as urinary incontinence
  - take action to prevent falls
  - support care givers

- ICOPE guidelines can support national guidance on health ageing
Why do ICOPE recommendations need to be provided as an integrated plan?

• Declines in intrinsic capacity rarely occur in isolation
• They impact each other, eg
  ➢ poor hearing increases cognitive decline
  ➢ poor nutrition impacts mobility
  ➢ poor vision impacts depressive symptoms
• Interventions for one domain can improve other domains
• **Fragmented healthcare is ineffective and inefficient**
Algorithm of integrated care

Comprehensive assessment
(the conversation)
Algorithm of integrated care

Comprehensive assessment

Agree the goals with the older person
Algorithm of integrated care

1. Comprehensive assessment
2. Design multicomponent care plan
3. Agree the goals with the older person
Algorithm of integrated care

- Comprehensive assessment
- Design multicomponent care plan
- Agree the goals with the older person
- Implement plan including self management
A word about self-management

You may need a partner for the roundabout to work
A word about self-management

You may need a partner for the roundabout to work

It could be

- Family
- Community
- Healthcare
Algorithm of integrated care

Comprehensive assessment

Agree the goals with the older person

Design multicomponent care plan

Implement plan including self management

Engage communities and support caregivers
Algorithm of integrated care

1. Comprehensive assessment
2. Design multicomponent care plan
3. Engage communities and support caregivers
4. Agree the goals with the older person
5. Implement plan including self management
6. Referrals and monitoring plan