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Prof. Dr. Soto-Martin

Head of Aging and Disability Prevention Team of Gérontopôle, Toulouse University Hospital, France.

Appetite and weight loss data from ICOPE WHO program in France

Speaker biography

Prof. Maria Eugenia Soto Martin, MD, PhD, is geriatrician and head of the Alzheimer's clinical and research center in the Department of Geriatric Medicine at the Toulouse University Hospital in France. She is also head of the Aging and Disability Prevention Team of the Gerontopole, a WHO-collaborating centre for Frailty, Clinical Research and Geriatric Training. Currently, she leads with Prof Bruno Vellas the implementation of ICOPE WHO program in the region of Occitanie in France.

After graduating from the Seville University College of Physicians (Spain), obtaining his medical degree in 2000, she completed his clinical training and internship as resident in the Department of Geriatrics at the Getafe University Hospital of Madrid (Spain) where she obtained her specialization degree in Geriatrics in 2005. In the same year, she moved to the Department of Geriatric Medicine at the Toulouse University Hospital in France. She is member of the Research Aging Team MAINTAIN (CERPOP UMR 1295). In 2009 she obtained a Master M2 degree in statistics and epidemiology from the Paul Sabatier University of Toulouse. Pr. Soto has a PhD in Alzheimer's disease and cognitive progression from the same University.

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Abstract

In 2017 the World Health Organization (WHO) published "Integrated care for older people (ICOPE)" guidelines which outlined evidence-based interventions to clinical care for older people. Rather than a focusing on the diseases, this approach emphasizes the optimization of intrinsic capacity (the composite of all the physical and mental capacities of an individual) as the key to "healthy" aging and thus to reducing the number of care dependent older people.

The ICOPE care pathways is based on the assessment and monitoring at regular intervals of six core domains of intrinsic capacity (mobility, vitality/nutrition, vision, hearing, cognition, psychology) and aims at improving, maintaining or slowing declines in intrinsic capacity (IC).

While consistent with similar approaches to preventing frailty, the IC construct differs by being framed as a dynamic continuum and its trajectory can potentially be monitored across the life course to shed interesting light on the effectiveness of clinical actions, as well as in public health, on the needs of populations.

On the other hand, evidence based has shown how weight loss and further malnutrition lead into frailty and later in dependency among elderly. Therefore, screening and managing this domain of IC is crucial in general population.

Since January 2020, the Gérontopôle of the Toulouse University Hospital (France), a WHO collaborating Center on Frailty, Clinical Research, Geroscience and Training in Gerontology, has been implementing ICOPE in routine clinical practice in a large territory (Occitania region). This deployment, called the ICOPE CARE program, uses digital tools for screening allowing the routine collection and monitoring of data on IC by healthcare professionals over time. This program has been implementing in primary care. The ICOPE approach proposes a pathway composed of 5 steps: screening of participants for potential declines in one or more of the 6 domains of IC (Step1), in-depth assessment of participants in domains of interest identified by screening as having deficits, (Step2) and development of a "personalized care plan" considering declines in IC, associated diseases, socio-environmental needs and most importantly goals and preferences of older person (Step3). Step4 recommends the monitoring of IC every 6 months and of the implementation of the personalized care plan proposed. Step5 concerns the involvement of communities and support for caregivers. **Concerning screening for nutrition IC domain two questions are asked to the participant:**

1) Have you lost appetite in the past three months? and,

2) Have you involuntary lost weight in the past three months?

If at least one of these answers is "yes" the screening is positive and the Step2 in-depth assessment is indicated.

Between January 1, 2020 and November 18, 2021, 10,903 older persons (participants) and 2,714 professionals joined the ICOPE CARE program via the digital tools. The mean age of participants was 76.0 ± 21.1 and 60.8% were female. 1,536 participants (14.1%) completed their first self-assessment Step1 and 9,367 (85.9%) were assessed by a professional. In total, 18,301 step 1 were completed including 10,903 initial screenings and 7,398 follow-up. 94.3% of participants (n = 10,285) had potential declines in at least one IC domain at the first screening, suggesting potential declines in vision (68.1%), cognition (59.5%), hearing (50.6%), psychology (38%), mobility (34.6%) and vitality/nutrition (18.7%). A 6-month follow-up screening was performed for 70.4% of participants who had an initial screening test.

In total, 1,232 Step2 in-depth assessment were recorded in the database for all the potentially abnormal Step1. Most of the Step2 assessments (95%) were performed within two days of an abnormal Step1. Of 958 participants who received an initial Step2, 90.3% (n = 865) had at least one impaired capacity confirmed by the Step2. The mean age was 80.4 ± 7.6 years and 68.6% (n = 657) were female. According to Fried's criteria, 15.8% were robust, 42.9% pre-frail and 27.4% frail. 117 (12.2%) had an abnormal Amsler grid. The mean MMSE score was 24.8 ± 4.6. **Concerning the nutritional status, median MBI was 25.9 ± 4.9, according to the MNA® questionnaire, 275 (28.7%) were at risk of malnutrition and 65 (6.8%) had a probable malnutrition.** At the end of the Step2, the majority of the recommendations proposed within the framework of the Step3 concerned the domain of mobility for 86.4% of the Step2 (n = 674) followed by vitality/nutrition (n = 740, 77.2%). These recommendations were as follows: nutritional advices (67.0%), weight monitoring (31.1%), fortified diet and oral nutritional (20.5%) and referral to the dentist (8.5%).

This data shows that ICOPE approach seems to detect early deficits in IC nutrition domain (by step1 and 2) allowing an early intervention (by step3) to prevent malnutrition and all its devastating health-related negative outcomes mainly dependency.

In conclusion, In the ICOPE CARE program, the WHO ICOPE approach is being implemented in primary care clinical practice using digital tools, setting up a new care pathway integrated with prevention of care dependence. In fact, this program allows early detection of declines in intrinsic capacity, such as nutrition status, and allows to implement fast and personalized intervention to prevent loss of autonomy in elderly 60 and over years old in primary care.

References

1. World Health Organization. (2019). Integrated care for older people (ICOPE): guidance for person-centred assessment and pathways in primary care. World Health Organization.
2. Implementation of the WHO integrated care for older people (ICOPE) programme in clinical practice: a prospective study. Tavassoli N et al. Lancet Healthy Longev 2022; 3: e394–404

Watch the 20 minute conference talk with Prof. Dr. Soto-Martin and hear about APPETITE AND WEIGHT LOSS DATA FROM ICOPE WHO PROGRAM IN FRANCE

https://youtu.be/NcbQbpl0lrA

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