CPME/AD/Board/27042013/048_Final/EN

On 27 April the CPME Board adopted 'Healthy ageing: prevention of frailty and functional decline. Joint Statement of the Standing Committee of European Doctors and the European Medical Students' Association' (CPME 2013/048 FINAL)

Healthy ageing: prevention of frailty and functional decline

- Joint Statement of the Standing Committee of European Doctors and the European Medical Students' Association -

The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.

- We believe the best possible quality of health and access to healthcare should be a reality for everyone. To achieve this, CPME promotes the highest level of medical training and practice, the safe mobility of physicians and patients, lawful and supportive working conditions for physicians and the provision of evidence-based, ethical and equitable healthcare services. We offer support to those working towards these objectives whenever needed.
- We see the patient-doctor relationship as fundamental in achieving these objectives and are committed to ensuring its trust and confidentiality are protected while the relationship evolves with healthcare systems. Patient safety and quality of care are central to our policies.
- We strongly advocate a 'health in all policies' approach to encourage cross-sectoral awareness for and action on the determinants of health, to prevent disease and promote good health across society.

CPME's policies are shaped through the expertise provided by our membership of national medical associations, representing physicians across all medical specialties all over Europe and creating a dialogue between the national and European dimensions of health and healthcare.

The European Medical Students' Association (EMSA) is a volunteer-based organisation advocating and representing the voice of medical students in 19 countries of the geographical Europe. EMSA is more than an organization; a team created by enthusiastic medical students, a key player moving medicine forward in Europe and a communication platform for all medical students in the world. Founded in 1991, EMSA has become not only one of the most significant and most successful student organisation in Europe but also in the world, by staying one step ahead of change throughout its journey of 20 years.

I. INTRODUCTION

European doctors and medical students alike are deeply concerned with the implications that the ageing of the population may have on health and well-being, healthcare systems and more generally citizens and patients. Such a trend is aggravated by an increased rate of co-morbidities and mental conditions, a decreasing percentage of young people within society as well as infrastructural arrangements that do not meet the needs of the elderly.

The Standing Committee of European Doctors as well as the European Medical Students Association, representing students and future doctors jointly support the European Innovation Partnership on Active and Healthy Ageing (EIPAHA), and in particular the prevention and early diagnosis of functional decline, both physical and cognitive, in older people, since prevention and early diagnosis have proven to be efficient tools to limit the onset of medical conditions and related cost implications for the health care system.

Action Group A3 aims to address Prevention of frailty and functional decline, one of 6[1] priority actions areas of the EIPAHA, as outlined within the Strategic Implementation Plan of 17 November 2011. Its main objective is to *develop and implement sustainable multimodal interventions for the prevention and comprehensive management of functional/cognitive decline and frailty* (CPME Info 2012-135, Action Plan, 2012, p 8).

II. THE CPME –EMSA JOINT RECOMMENDATIONS FOR HEALTHY AGEING:

The role of this document is a joint set of recommendations aimed at accompanying prevention strategies of functional decline in the older population. It represents the role of doctors, medical students, patients, citizens and other stakeholders in partnership/as appropriate.

1. Medical training

The education and training for primary care physicians, in particular specialists in family medicine/GPs need to be adapted in order to ensure that the skills and knowledge for treating patients is developed at **all levels of medical training**, including **continuous professional development**. The concept of **healthy ageing** throughout the life cycle should be enshrined in medical training.

[1] The other 5 priorities are:
- Health literacy, patient empowerment, ethics and adherence programmes, using innovative tools and services
- Personalised health management
- Capacity building and replicability of successful integrated care systems based on innovative tools and services
- Extending active and independent living through Open and Personalised solutions
- Thematic marketplace: Innovation for age friendly buildings, cities and environments

2. Maintaining, restoring and improving functional capacity

European doctors should play a role in preventing functional decline and frailty and contribute through their expertise in maintaining, restoring and improving functional capacity of European citizens as long as possible. The necessary knowledge can be divided in two components:

- The physical component: expert knowledge on physical fitness, nutrition, chronic conditions management – including polypharmacy and overmedication, functional capacity assessment and advice.
- Psychological component: expert knowledge and social and psychological well-being, including meaningful activity.

3. Health literacy and communication

Dissemination of knowledge into the capillaries of the population through doctors and other stakeholders, including ICT support, elearning, educational programs towards the care giving networks and patients.
Awareness and communication on how several medico-social aspects of healthy and active ageing should be acknowledged and embraced. The prevention of conditions particularly common to this age group, including frailty and functional decline as well as social exclusion, mental or neurological disorders, should be traced and addressed not only by the **healthcare professionals** but also by **work managers** as well as whole **families and social networks**.

4. Healthy lifestyles

Long-term balanced diet, smoking cessation proper **nutrition accompanied by regular physical activity** (especially on fresh air) **and prevention of the inactive lifestyle**are hard to overestimate in terms of helping to keep the body and mind in shape for years.

5. Availability of professional medical consultation and pharmaceutical support

The network of healthcare professionals from several specialties should be prepared for receiving a greater and greater number of elderly patients over the coming decades.

In light of changing disease patterns, as well as the increased awareness for the importance of prevention of ill health, promotion of healthy lifestyles and early diagnosis of diseases, the primary care sector in particular faces the challenge of responding to these developments. Family physicians,general practitioners, geriatricians and gerontologists are well adapted to address these issues since they often accompany patients and members of their family for many years, sometimes even generations. It is therefore vitally important to strengthen the role and capacities

of the primary care sector to safeguard its functioning, and promote its attractiveness as a specialty. The importance of high quality education and training for primary care physicians, in particular specialists in family medicine/general practice, should be underlined in order to ensure the skills and knowledge for treating patients can be developed at all levels of medical training, including continuous professional development. Furthermore, the concept of healthy ageing throughout the life cycle should be enshrined in medical training.

We believe it is crucial for young doctors to meet the needs of the patients of today and tomorrow and to properly identify and meet specific needs of the older population. Treating separate conditions in a manner designed for all other groups and age intervals is not enough. The solution to this could be revised education delivered to medical students, postgraduate doctors but also regular citizens and patients – to recognise certain symptoms of conditions characteristic for the older patients. This includes not neglecting older patients, not to be afraid of them or label them with the colloquial 'this can happen at a certain age'. The recommendations mentioned above aim at counterbalancing this misconception and raising awareness of frailty and functional decline.

Doctors and medical students alike may contribute by informing doctors, students as well as employers and all citizens on how several medico-social aspects of healthy and active ageing should be acknowledged and embraced. The prevention of conditions particularly common in this age group, including mental or neurological disorders, frailty and functional decline as well as social exclusion, should be traced and addressed not only by the health-care professionals but also by work managers as well as whole **families and social networks**.

For instance, the concept of *active* ageing underlines that not the number of years but rather individual functional capacity should define the role of the older generation in society. Many pensioners still prove to be well capable of providing help in running the house, taking care of grandchildren or being engaged in other meaningful activities, which could give them the opportunity to contribute to the well-being of their closest environment. A particularly innovative yet attractive way of keeping the 3rd generation active involves **life-long learning** programmes organised by universities or social centres. Such courses cover e.g. trainings on the use of the computer and internet, which would allow this group to feel less overwhelmed by the inevitable development of technologies. Furthermore, in order to provide the best possible care for the population discussed, there should be support for **independence** and individualism, as long as the person is capable of running his or her household on their own. Assistance in the form of extraordinary tasks e.g. providing quick transportation or heavy domestic jobs could be delivered by younger members of the society, volunteers, official care-givers or social workers. Still, remaining in the original place of living and social environment should be the priority, considering how beneficial it is for staying active.

Secondly, professional medical consultation and pharmaceutical support should meet the needs of the increase in the older population and should not be decreased by financial barriers. Early detection of chronic conditions, including diabetes, hypertension or neoplasm increases chances for optimised management if not even **successful and complete recovery/treatment**. Keeping this in mind, a network of health-care workers of several specialties is supposed to be

prepared for receiving greater and greater number of elderly patients. Physicians and dentists – since oral health is a key factor for ensuring good nutrition as well as preventing aggravating conditions - should also provide the best prevention and avoid overmedication in co-morbidities, especially when accompanied by mental conditions. It must also be underlined that each patient is always to be seen as a unique and valuable human being and not as a carrier of a combination of diseases.

What we consider unconditionally worth mentioning is the fact that soon **all employers** would start noticing the shift in the age group of their workers, towards the prevalence of the elderly employees. Already nowadays 18% of employers consider it is important that their workers retire at a later age, which has the tendency to increase in the next years (due to demographic changes). Keeping the **most experienced and still functionally capable** workers as the pool of supervisors, alumni or advisory board members can bring benefit not only to the company, but also to the senior members of the team who do not feel excluded on the sole basis of their date of birth. It is recognized that more experienced employees may transfer a lot of their knowledge and experience to new challenges. Furthermore, from a socio-medical point of view, sustaining intellectual activity reassures **good mental condition** of the elderly and the rewarding feeling of contribution to the life of their community. It is worth signaling that with age, the number of hours spent on *gaining new knowledge* decreases significantly. According to some surveys, employees under 30 –years-old claim to spend 40% of their working time developing new skills, while for the employees over 55-years-old, the amount of time dedicated to new practices drops to 25%. Therefore, trainings and task shifting should be encouraged, as a way of keeping the most experienced staff members continuously perceptive, versatile and intellectually stimulated.

Last but not least, long-term balanced diet, proper **nutrition accompanied by regular physical activity** (especially on fresh air) are hard to overestimate in terms of helping to keep the body and mind in shape for years. This approach should be promoted in doctors' offices, schools and universities of all kinds.

All of the abovementioned actions could facilitate the prevention of social marginalisation and functional decline of the soon-to-become older patients. Such steps could also introduce the priceless balance into the structures of a society, by not losing the **knowledge, expertise and support** that the older people might be eager to offer to all other generations.

Support for **research** towards development of new therapies, technologies, psychological tools and infrastructural changes in cities, all aimed at keeping the abovementioned generation active, healthy and optimally integrated in the European societies.

The next part of this document discusses possible ways of **raising awareness**, enriching **academic education**, spreading knowledge and implementation of all of the above mentioned recommendations.

III. Proposed implementation tools:

1. European coalitions and partnerships

CPME in cooperation with EMSA and other stakeholders is currently within three main consortia to implement its commitments on prevention of functional decline and frailty:

a. I²FRESCO aimed to deploy an integrated approach to prevention of frailty in response to the European Commission EIPAHA invitation for commitment of February 2012.
b. Patient Empowerment Group for Innovation Europe consortium which responded to the European Commission EIPAHA invitation for commitment of February 2013.
c. Be Free from Frailty consortium aimed to implement of a coordinated intervention of early identification of physical frailty, which is expected to start in January 2014.

2. CPME Experts

9 National Medical Associations (CZ, DK, FIN, LV, NL, MT, NOR, POL, SWE) members of CPME, nominated experts to further engage within prevention of functional decline and frailty.

3. WG Healthy Ageing

Objective

Similar to the CPME WG Healthy ageing, an international working group (WG) for students and young doctors interested in healthy ageing would have as main scope of activity the collection, discussion and elaboration of informative articles on healthy ageing in synergy with EU level developments. The ideas discussed by the WG could also cover very specific questions such as 'How do we – students and doctors – work on our *own* healthy and active ageing?' and its results may be communicated through an international newsletter and social media (Facebook, Twitter, Linked-in, You-Tube, the students blog, e.g. Blue Mist).

Leadership

The group may also provide opportunity to identify the most expert students/doctors within this field to chair the working group.

Health literacy and communication through:

a. **On-line (live) seminars / lectures**
A platform could be created with a special on-line tool (for discussion) where meetings would be hosted for those interested in the topic. An expert in that field could answer some questions live which creates a dynamic process of interactive learning through an interview despite large physical distances.

b. **Full time real workshops / trainings**
Such trainings and workshops may be either: students-2-students or experts-2-students. These are an opportunity to reflect upon and revise the already acquired medical knowledge already know in preparation for such meetings (that's the main difference from the meetings with an expert). These may include the presentation of case studies, discussions with social-care workers, psychologists. Such workshop can be designed both locally (the universities and local students/doctors groups) and/or at international level (during international NGOs trainings and events).

c. **Summer Schools by EMSA (and/or other NGOs)**
The idea of Summer Schools gains increasing popularity among many students' associations and universities. Two very successful initiatives, namely the Parkinson Disease Summer School or Healthcare Leadership Summer School might be a preliminary idea for inspiration in this field.

4. **Collaborative international events with additional time dedicated to Healthy and Active Ageing**

These may take place during the general meetings of the organisation. EMSA organises two events per year and each of those occasions is used to promote a different public health topic to approximately 300 students. For instance, the extra time of this year's meeting of EMSA in May 2013 will be dedicated to spreading awareness on antimicrobial resistance and it already received support from the European Centre of Diseases Prevention and Control (ECDC).

5. **CPME Newsletter and EuroMeds 2013 – official EMSA magazine**

The CPME newsletter is an online quarterly publication of CPME. It is disseminated to 850 representatives of EU institutions, agencies, public health NGOs, European Medical Organizations, CPME members, international organizations, medical Journalists and health media journalists.

EuroMeds 2013 is the official EMSA magazine. It is released in both on-line and printed versions, has quite broad reach and is eagerly searched by the members of our organisation (students) and our alumni (doctors).

References:

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4. CPME Response to Commission consultation on the European Innovation Partnership on Active and Healthy Ageing, CPME 2011/009
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7. 'Epidemiology of multi morbidity and implications for health care, research and medical education: a cross-sectional study' Karen Barnett, Stewart W Mercer, Michael Norbury, Graham Watt, Sally Wyke, Bruce Guthrie; *The Lancet 7-13,* July 2012