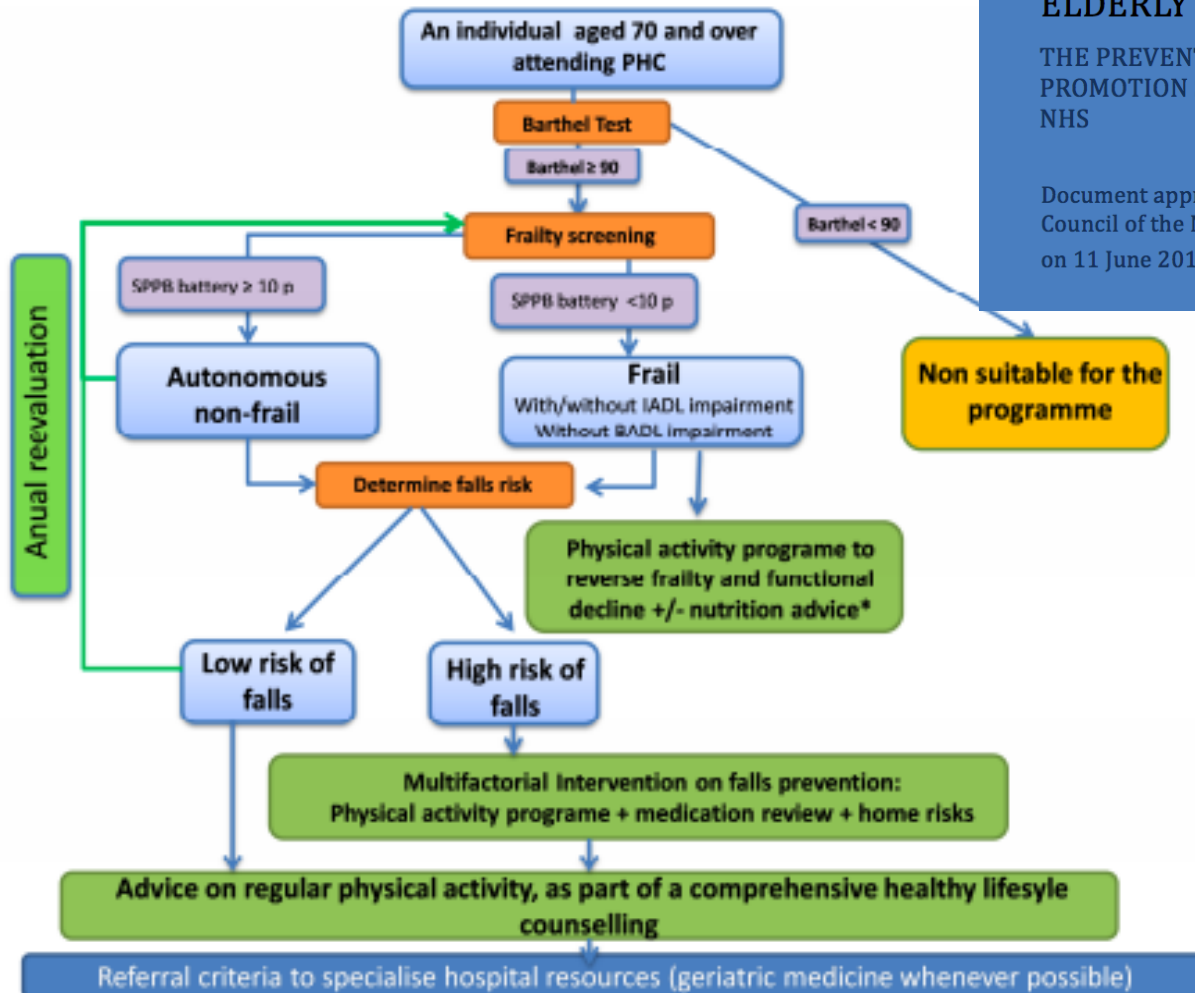


Actuar para la Prevención Transpirenaica de la Dependencia de las personas mayores

APTITUDE

*Proyecto financiado en el marco
del programa POCTEFA 2014-2020*

Intervention algorithm -



CONSENSUS DOCUMENT ON FRAILTY AND FALLS PREVENTION AMONG THE ELDERLY

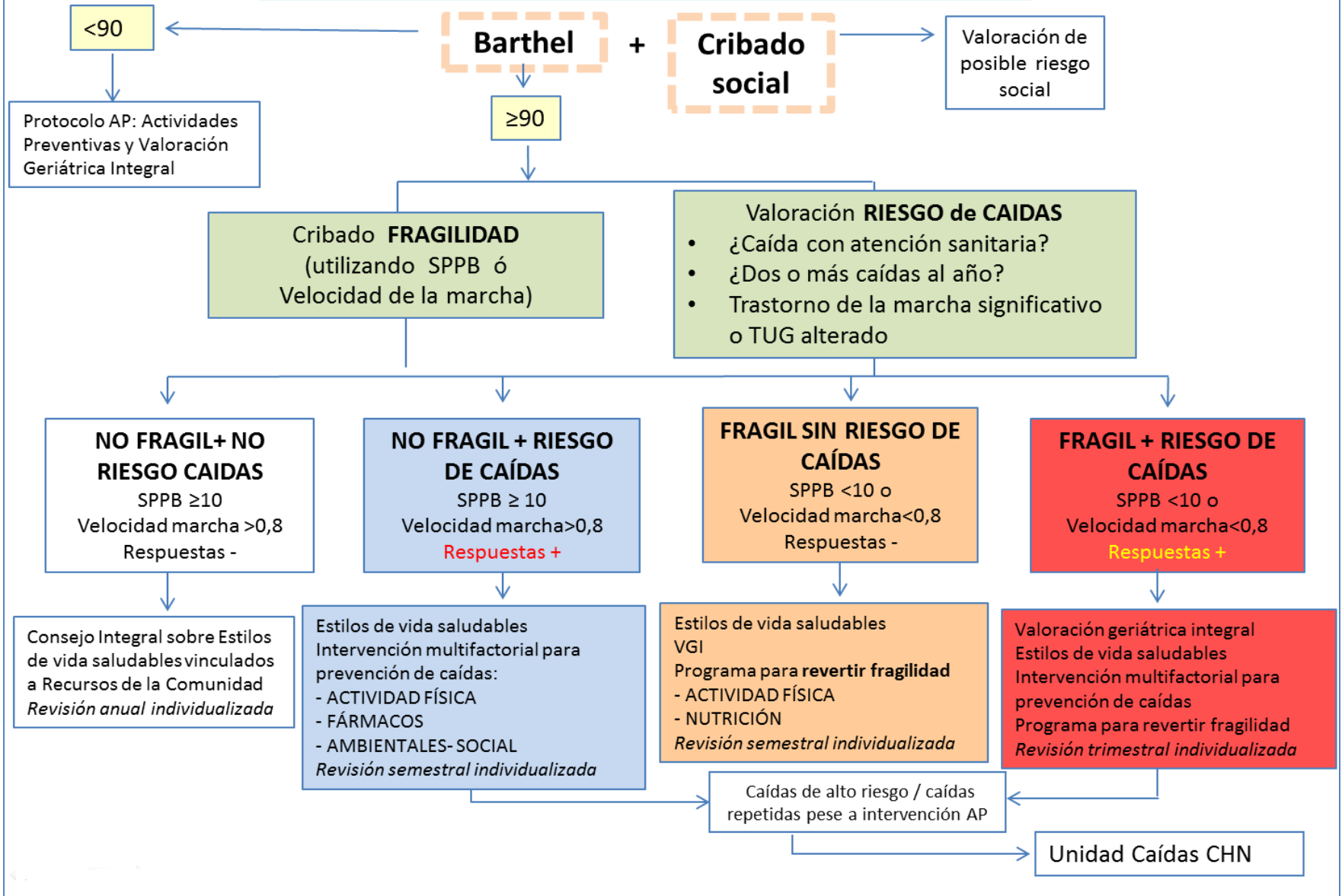
THE PREVENTION AND HEALTH
PROMOTION STRATEGY OF THE SPANISH
NHS

Document approved by the Inter-territorial
Council of the National Health System
on 11 June 2014.

* Preferable framed in a multidimensional assessment (comprehensive geriatric assessment (CGA))

Cribado oportuno en Atención Primaria en personas >70 años

De 70-79 cada 2 años; >80 anual





Prevención de caídas

Promoción de ejercicio físico en personas mayores

Nafarroako Gobernua  Gobierno de Navarra



MINISTERIO DE SANIDAD, SERVICIOS SOCIALES E IGUALDAD

SECRETARIA GENERAL DE SANIDAD Y CONSUMO

DIRECCION GENERAL DE SALUD PÚBLICA, CALIDAD E INNOVACION

Consenso sobre prevención de fragilidad y caídas en el SNS

Guía para desarrollar programas de actividad física multicomponente en recursos comunitarios y locales

Medical evaluation prior to beginning the physical exercise programme is recommended for anybody aged 70 years and over.

However, if any of the following is true, a thorough medical evaluation is required/compulsory.

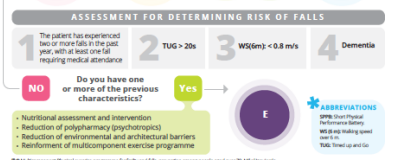
- Did the patient complain of chest/thoracic pain on exertion or at rest in the previous year?
- Has the patient experienced a faint (syncope episode), or loss of consciousness or a fall preceded by a feeling of dizziness in the previous year?
- Has the patient suffering from joint or bone disease, which is worsened by physical exercise?
- Does the patient have a medical condition which is a relative contraindication for doing physical exercise (see below)?

- ABSOLUTE CONTRAINDICATIONS**
- Worsening of exercise tolerance or dyspnoea at rest or on exertion over previous 3-5 days
 - Significant ischaemia at low work rates
 - Severe acute heart failure
 - Severe acute respiratory failure
 - Uncontrolled arrhythmias
 - Atrial fibrillation of new onset
 - Uncontrolled hypertension (SBP > 160 and/or DBP > 100)
 - Symptomatic orthostatic hypotension
 - Poorly controlled diabetes: glycaemia < 5 mmol/l (90mg/dl) or > 12 mmol/l (216 mg/dl)
 - Recent embolism (< 1 year)
 - Acute pericarditis, myocarditis or endocarditis
 - Moderate to severe aortic stenosis
 - Regurgitant valvular heart disease requiring surgery
 - Myocardial infarction within previous 3 months
 - Recent fracture during the last month
- RELATIVE CONTRAINDICATIONS**
- Recent fracture during the past three months
 - Infection of acute systemic illness or fever affecting the general health status
 - Any disease causing severe functional capacity limitation (Bartlett ACL index < 2)
- If adverse symptoms occur during exercise (muscle or joint pain, dyspnoea, chest pain, new symptoms, etc.), the programme should be discontinued and a new medical evaluation should be performed.
- Adverse events are minimized when programmes begin at low intensities and slowly progress.
- Download the APP to know more about the multicomponent exercise programme.
- Google Play

Frailty and Functional limitation assessment

FUNCTIONAL LIMITATION SCREENING

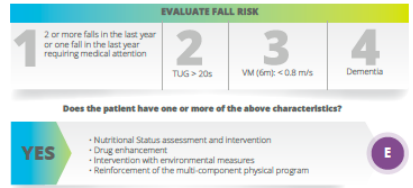
Severe functional limitation mobility impairment	Moderate dependence Fragile	Slight dependence Pre-frail	Autonomous Non-frail
Severe walking impairment. The patient is confined to a wheelchair or a bed/chair, is not able to stand up or maintain a standing position.	Limited mobility needing help to walk, stand or perform balance tests.	Independent in walking, subtle gait and balance disturbances. Unable to perform the chair squats.	The patient is autonomous.
SPPB 0-3 VM (6m) < 0.5 m/s	SPPB 4-6 VM (6m) 0.5 - 0.8 m/s	SPPB 7-9 WS(6m) 0.9 - 1 m/s	SPPB 10-12 WS(6m) > 1 m/s
Walk 10-30 min Autonomously	Walk 30-45 min Autonomously		



FUNCTIONAL ASSESSMENT

Serious limitation DISABLED	Moderate limitation FRAGILE	Slight limitation FRAGILE - PRE-FRAGILE	Minimal limitation or no limitation INDEPENDENT
Cannot walk in a wheelchair or bed. They normally cannot remain standing up. Cannot sit up.	Walks with difficulty or help. Sometimes sits up. Completes balance tests with difficulty.	Walks independently. Walking problems. Stable balance. Some difficulty sitting up 5 times	
SPPB 0-3 VM (6m) < 0.5 m/s	SPPB 4-6 VM (6m) 0.5 - 0.8 m/s	SPPB 7-9 VM (6m) 0.9 - 1 m/s Walks 10-30' 30-45'	SPPB 10-12 VM (6m) > 1 m/s
A	B	C1 C2	D
Serious limitation Disabled Doing these exercises, you'll be able to get out of the chair	Moderate limitation Fragile If you do these exercises, you will notice great improvement	Slight limitation Pre-Fragile The purpose of these exercises is to continue enjoying walking	Minimal limitation or no limitation Don't let your guard down! If you stop, you may quickly get worse

On the other hand and as already mentioned above, the adoption of the following additional measures is recommended if the patient has one or more high risk of falling characteristics. One of them which is highly important is reinforcing the multi-component exercise program (Program E) (See graph):



A Practical Guide for Prescribing a Multi-Component Physical Training Program to prevent weakness and falls in People over 70



MULTICOMPONENT PHYSICAL EXERCISE PROGRAMME FOR FRAILTY AND FALLS PREVENTION AMONG PEOPLE AGED OVER 70**

HOW TO PERFORM THESE EXERCISES

- Fit weight exercise, a weight or resistance band should be chosen that will allow the patient to perform the exercise without interruptions at least 30 times but with a certain degree of effort to complete the activity.
- The goal is to perform three sets of 10 repetitions.
- A one to three minute break should be done between exercises.
- The exercises should be performed on two days per week.
- To be effective, this programme should be followed for 12 to 16 weeks. After that time, the tests the SPBB, Gait velocity and the assessment for determining risk of falls should be repeated. If your functional capacity has improved you can go through to the next level of exercises.

EXERCISES:

- A:** Lift your arms while holding a small water bottle. Raise your arms above your head.
- B:** Squeeze a rubber ball with each hand as hard as you can. Flex your knees, as if you were about to sit down, while holding on to a table.
- C1 C2:** Stretch an elastic band, wrapped around your wrists, opening your arms. While supporting your weight on the chair, stand up without leaning on the arms of the chair.
- D:** Stretch an elastic band, wrapped around your wrists, separating your arms diagonally. Walk on your toes and then on your heels for 10 seconds each. Walk in a straight line while pivoting objects from the floor.
- E:** Perform these exercises three days per week. Evaluate the need for nutritional supplements and vitamin D if a deficiency is found. Reduce polypharmacy (especially psychotropic). Reduce environmental and architectural barriers.

viviFrail
www.vivifrail.com

Exercises for patients with serious limitation (program A)

TYPE OF TRAINING	TYPE OF EXERCISES
Strength and power	48, 48, 49, 49, 49, 50, 50, 51
Cardiovascular	54
Balance and walking	56, 56
Flexibility (standing or sitting)	58, 58, 59, 59, 59, 60, 60

DAILY ORGANIZATION

M	T	W	Th	F	Sat	Sun
Arm strength and legs	Cardiovascular	Balance and walking	Flexibility	Arms	Legs (optional)	Cardiovascular
Once/day	Twice/day	Once/day	Twice/day	Once/day	Once/day	Twice/day

When the elderly person improves their muscular strength, the cardiovascular exercise program shall begin. Add the following exercises to the previous exercises:

← Centro de FP M^a Inmaculada ↗

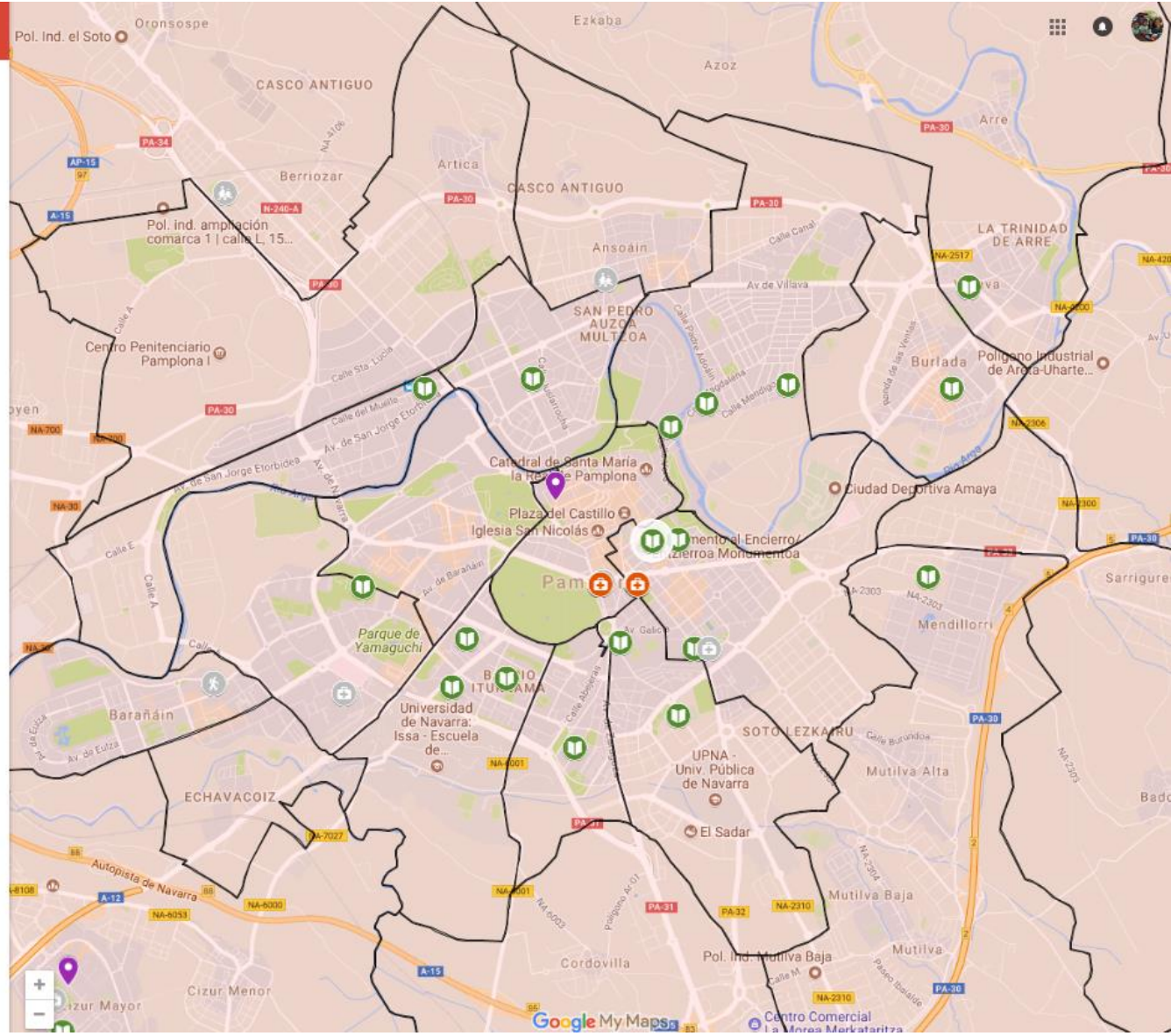
nombre
Centro de FP M^a Inmaculada

Descripción
"Una escuela promotora de salud es aquella en la que se lleva a cabo un plan estructurado y sistemático en beneficio de la salud y el bienestar de todo el alumnado y del personal docente y no docente."

"La red SHE es una plataforma de Escuelas para la Salud en Europa (Schools for Health in Europe network) cuyo principal objetivo es apoyar a organizaciones y profesionales en el campo del desarrollo y mantenimiento de la promoción de la salud en la escuela. La red está coordinada, desde Europa, por NIGZ (Nationaal Instituut voor Gezondheidsbevordering en Ziektepreventie), como Centro Colaborador de la OMS para la Promoción de la Salud Escolar y desde España por el IFIIE (Instituto de Formación del Profesorado, Investigación e Innovación Educativa) de este Ministerio, como coordinador nacional."

Título del Proyecto
"Escuela saludable"

Enlace
<http://bit.ly/2p1S3Pc>



State of the sector

- Implementation proposal: 20% en 2019, 40% en 2020, 65% en 2021 y 90% en 2022
- Falls Unit active from September 2018
- Aptitude Equipe (Geriatrician and occupational therapist) will implement the strategy across all levels
- Red Cross, Pharmacists, societies, geriatric association, industrie,... have shown their interest in collaborate
- We are preparing and adaptation of Vivifrail to simplify and spread the model
- Database, intrinsic capacity, cohort

Thank you!



aptitude

AGIR POUR LA PRÉVENTION
TRANSPYRÉNÉENNE DE LA
DÉPENDANCE CHEZ LES SENIORS