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VICTORIAN-TASMANIAN
ALLIANCE

An Australian Government Initiative

Health of the older person

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Acknowledgement

We acknowledge the Aboriginal and Torres Strait Islander Peoples as the Traditional Owners of the lands. We wish to pay our respects to their Elders – past, present and emerging – and acknowledge the important role Aboriginal and Torres Strait Islander people continue to play within our community.



Acknowledgement

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Disclaimer

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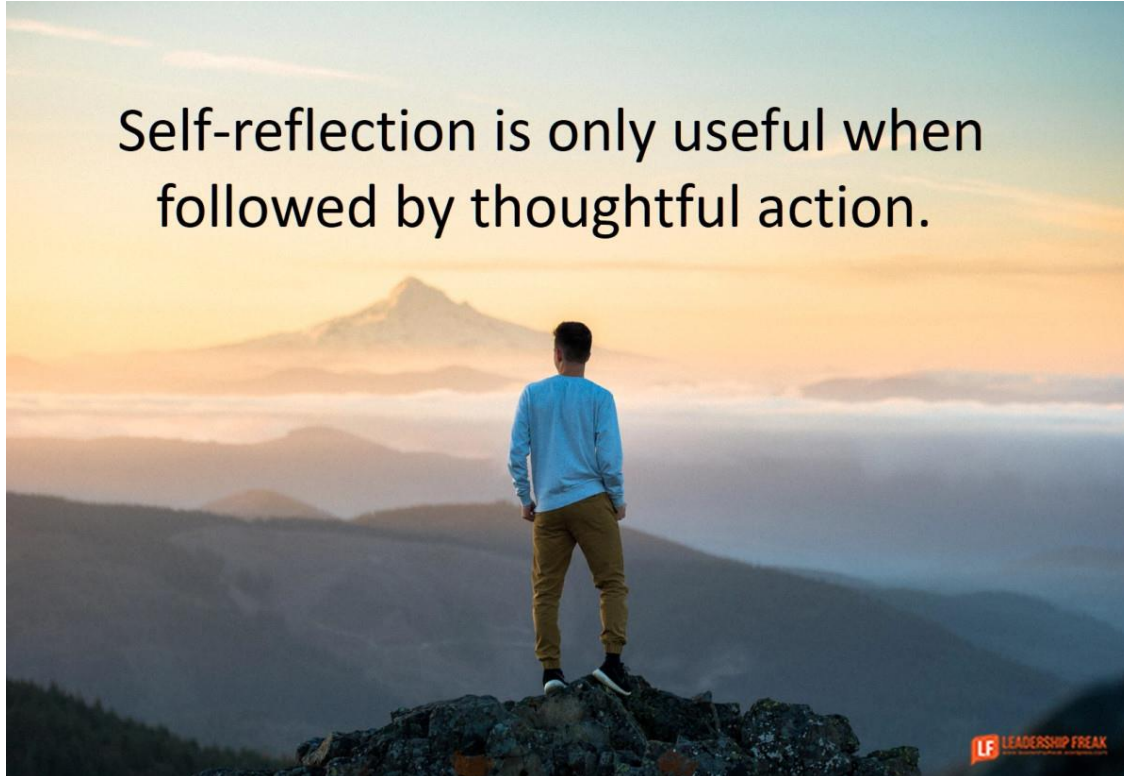


Learning objectives

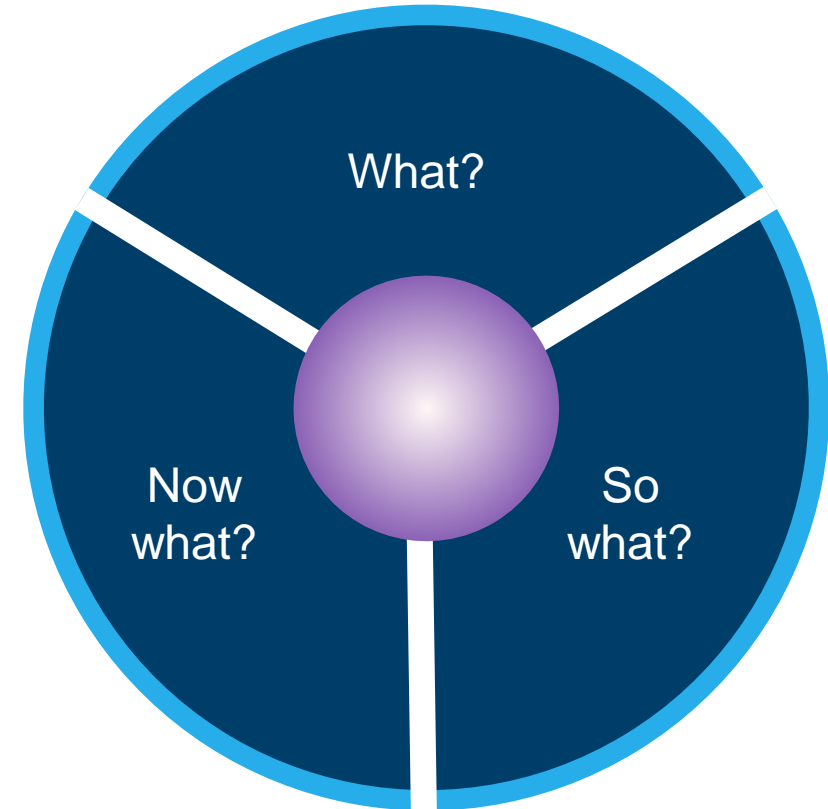
- Describe what is meant by 'health'
- Explain the needs of the older person
- Apply the principles of multimorbidity to practice workflows and care planning processes



Reflections on this webinar



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Strachan, Dorothy (2007). *Making Questions Work: A Guide to How and What to Ask for Facilitators, Consultants, Managers, Coaches, and Educators*. San Francisco, CA: Jossey-Bass.

<https://youtu.be/vGyjF9Ngd8Y>

Debunking some myths



There is no typical older person

Diversity in older age is not random

Good health in older age is not just the absence of disease (intrinsic capacity)

Families are important but alone cannot provide the care many older people need

Only a small proportion of older people are care dependent

Population ageing will increase health-care costs but not by as much as expected.

Expenditure on older populations is an investment, not a cost

It's not all about genes

70 is not yet the new 60

Mandatory retirement ages do not help create jobs for youth

What do we mean by health?

"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"

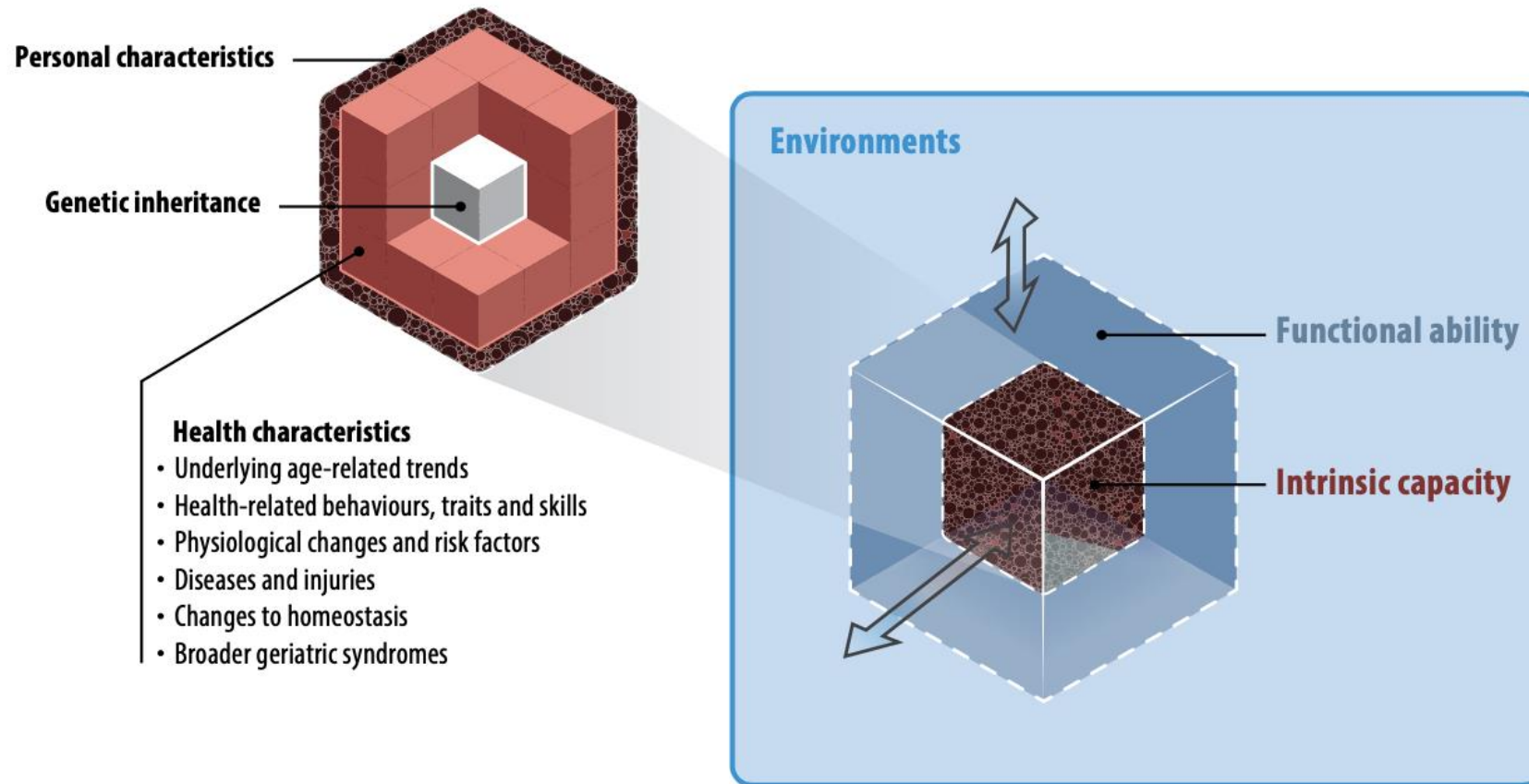
- 1948 (WHO)

As the “ability to adapt and to self manage” ... identified and characterised against the three domains of health: physical, mental, and social

- How should we define health? BMJ 2011;343:d4163 doi: [10.1136/bmj.d4163](https://doi.org/10.1136/bmj.d4163)



Health Ageing

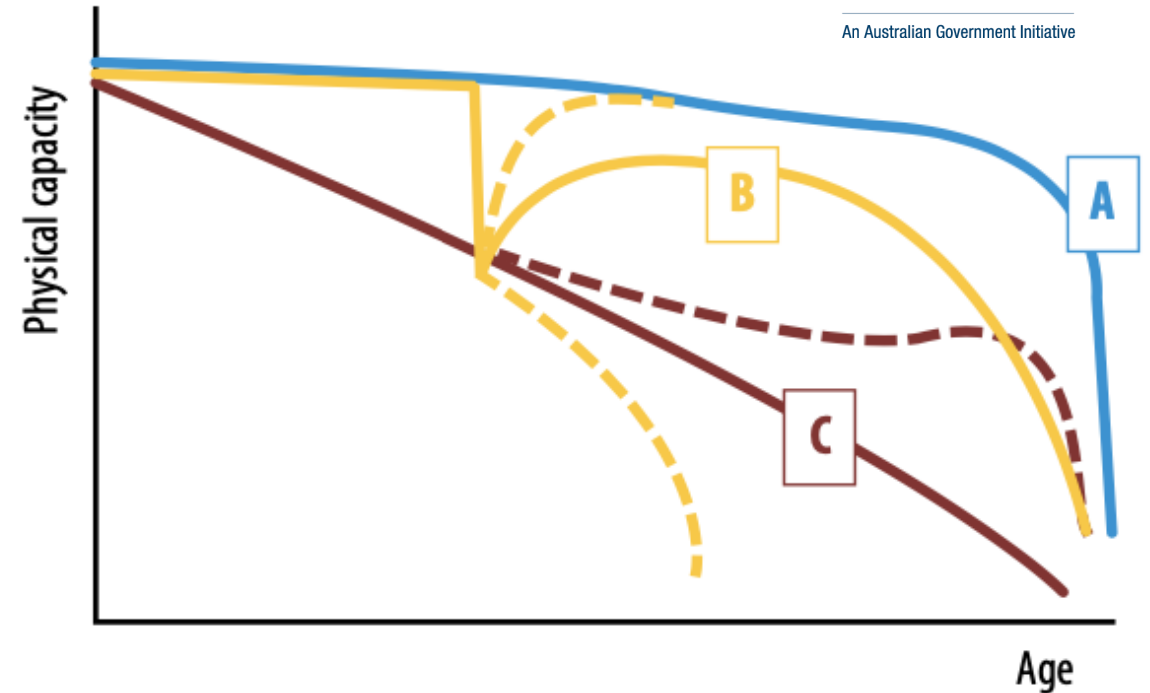


Source: WHO, World report on ageing and health. ISBN: 8 92 4 156504 2

What is health?



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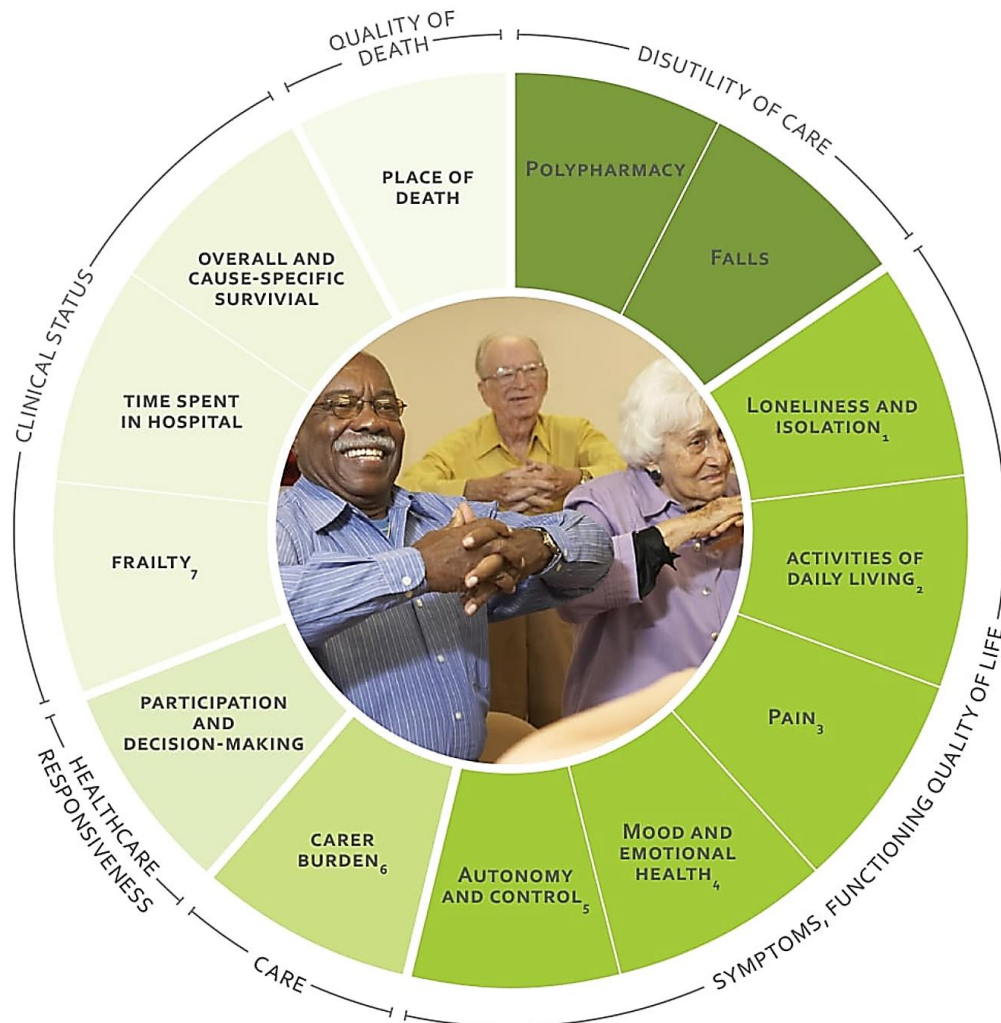


- A.** Optimal trajectory, intrinsic capacity remains high until the end of life.
 - B.** Interrupted trajectory, an event causes a decrease in capacity with some recovery.
 - C.** Declining trajectory, capacity declines steadily until death.
- The dashed lines represent alternative trajectories.

Source: WHO, World report on ageing and health. ISBN: 8 92 4 156504 2



Measuring what matters



Source: www.ichom.org/portfolio/older-person

What we are going to touch on

- Multimorbidity
(including mood and emotional health)
- Frailty
- Medicine management

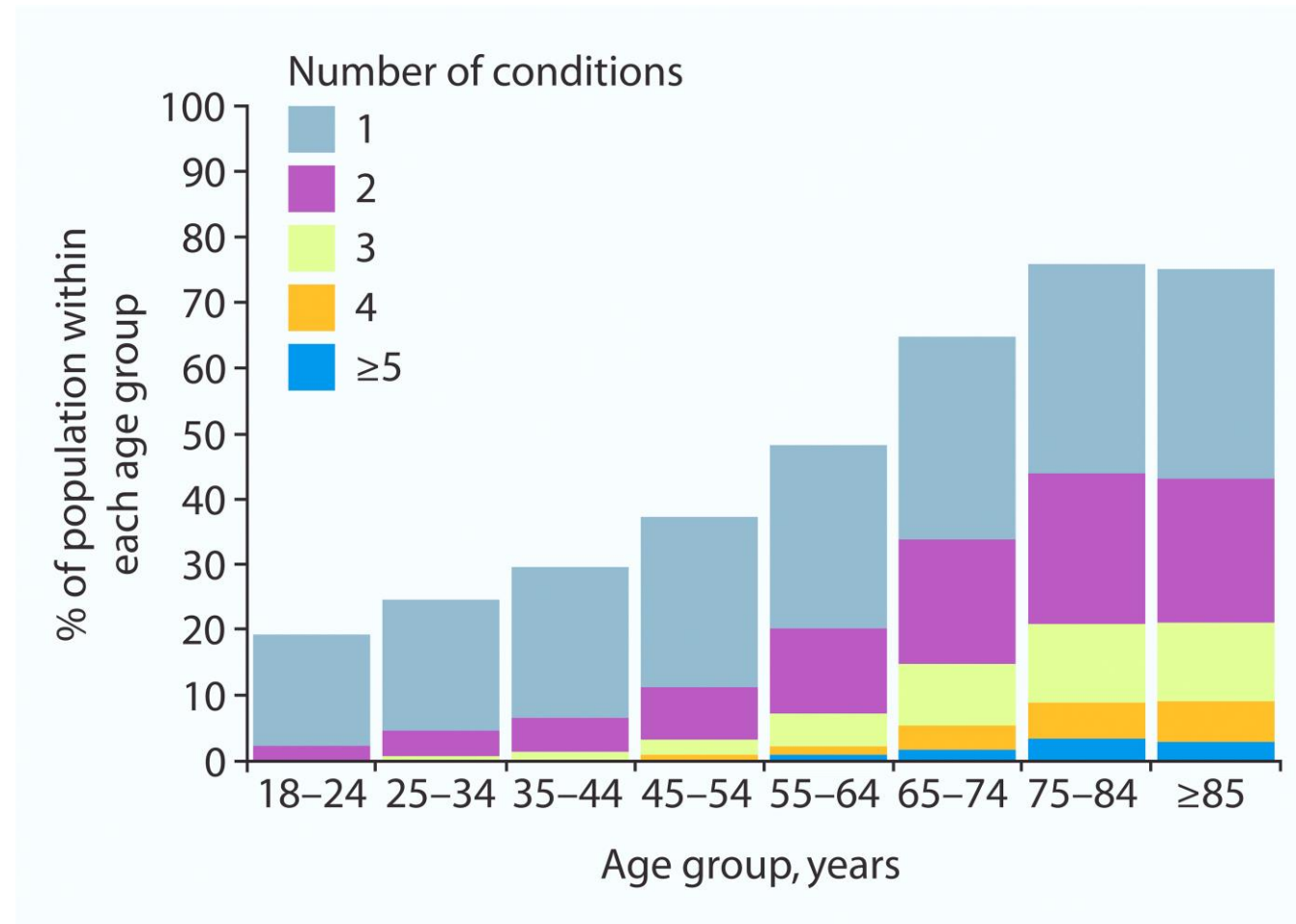
Multimorbidity

- Multimorbidity is commonly defined as the presence of two or more chronic medical conditions in an individual, and can present several challenges in healthcare, particularly with higher numbers of coexisting conditions and related polypharmacy.
- ‘co-occurrence of three or more chronic conditions affecting three or more body systems within one person, without defining an index condition’
- Other definitions are broader and include any combination of chronic disease with at least one other disease (acute or chronic) or biopsychosocial factor (associated or not) or somatic risk (European General Practice Research Network)

Reference: www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/silver-book/part-a/multimorbidity



Multimorbidity and age



Source: Salisbury C, Johnson L, Purdy S, Valderas JM, Montgomery AA. Epidemiology and impact of multimorbidity in primary care: A retrospective cohort study. Br J Gen Pract 2011;61(582):e12-21.

Identifying multimorbidity

Reviewing your records

Identifying patients on polypharmacy

Using risk stratification scores and other tools

[The Instrument for Patient Capacity Assessment](#)

- What are you doing when you are not sitting here with me?
- Where do you find the most joy in your life?
- What's on your mind today?



Frailty and multimorbidity




Frailty is a common syndrome that occurs from a combination of de-conditioning and acute illness on a background of existing functional decline that is often under recognised.


- Assessing
 - Fatigue
 - Resistance
 - Ambulation
 - Illness
 - Weight loss

Reference: sydneynorthhealthnetwork.org.au/programs/frailty/#patient-information

FRAIL SCALE RISK ASSESSMENT

QUESTION	SCORING	RESULT
F FATIGUE How much of the time during the past 4 weeks did you feel tired? A = All or most of the time B = Some, a little or none of the time	A = 1 B = 0	
R RESISTANCE In the last 4 weeks by yourself and not using aids, do you have any difficulty walking up 10 steps without resting?	Yes = 1 No = 0	
A AMBULATION In the last 4 weeks by yourself and not using aids, do you have any difficulty walking 300 metres OR one block?	Yes = 1 No = 0	
I ILLNESS Did your Doctor ever tell you that you have? <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer (not a minor skin cancer) <input type="checkbox"/> Chronic lung disease <input type="checkbox"/> Heart attack <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Angina <input type="checkbox"/> Asthma <input type="checkbox"/> Arthritis <input type="checkbox"/> Kidney disease	0 - 4 answers ✓ = 0 5 - 11 answers ✓ = 1	
L LOSS OF WEIGHT Have you lost more than 5kg or 5% of your body weight in the past year?	Yes = 1 No = 0	
TOTAL SCORE		
SCORING: ROBUST = 0 PRE-FRAIL = 1-2 FRAIL = >3		





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Managing multimorbidity

Discuss the purpose of an approach to care that takes into account multimorbidity

Establish disease and treatment burden

Establish patient goals, values and priorities

Review medicines and other treatments considering individual risk:benefit ratio

Agree on an individualised management plan with the person

Reference: www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/silver-book/part-a/multimorbidity



Burden of illness

Healthcare tasks
imposed on
patients

Factors that
exacerbate the
burden of
treatment

Consequences of
healthcare tasks
imposed



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Medicines management

1. Perform Medication Reconciliation and Maintain an Up-to-Date Medication List

1. Assess and Plan Based on Individual's Capacity to Self-Manage Medications

1. Ensure Appropriate Prescribing and Deprescribing

1. Simplify medication regimens when appropriate to reduce unnecessary burden

1. Be alert to the contribution of medications to geriatric syndromes

1. Regularly review medication regimens to align with changing goals of care

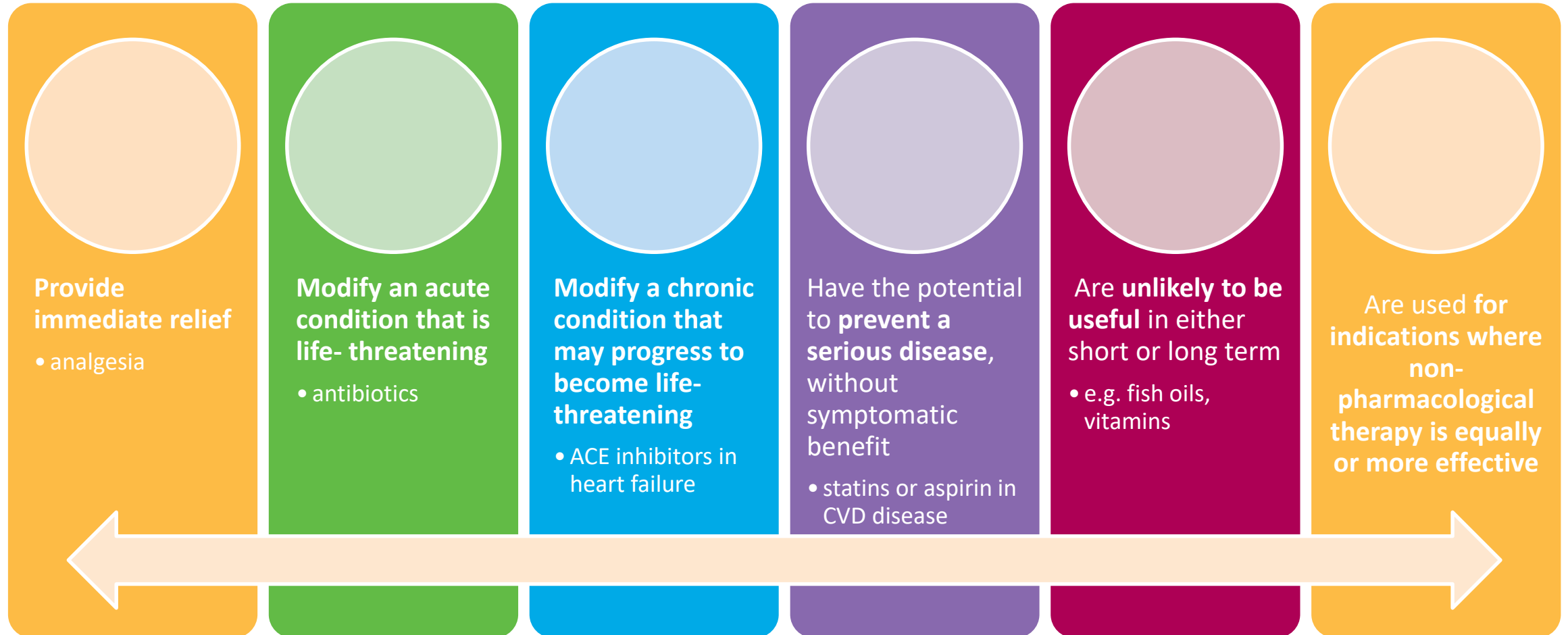
Facilitate multidisciplinary communication among patients, caregivers, and healthcare teams

Source: Medication Management in Frail Older People: Consensus Principles for Clinical Practice, Research, and Education

[www.jamda.com/article/S1525-8610\(20\)30371-6/pdf](http://www.jamda.com/article/S1525-8610(20)30371-6/pdf)



Utility of medicines



Source: <https://www.primaryhealthtas.com.au/resources/deprescribing-resources/>



Summary

From conventional care


- Focuses on a health condition (or conditions)
- Goal is disease management or cure
- Older person is regarded as a passive recipient of care
- Care is fragmented across conditions, health workers, settings and life course
- Links with health care and long-term care are limited or non-existent
- Ageing is considered to be a pathological state

To older-person-centred and integrated care

- Focuses on people and their goals
- Goal is maximising intrinsic capacity
- Older person is an active participant in care planning and self-management
- Care is integrated across conditions, health workers, settings and life course
- Links with health care and long-term care exist and are strong
- Ageing is considered to be a normal and valued part of the life




Now what?

AGEING and HEALTH 

Between 2000 and 2050, the number of people aged 60 and over is expected to double. In 2030, more than 1 in 3 people will be 60 years or older.

By 2050, 80% of older people will be living in low- and middle-income countries.

► **EVERY OLDER PERSON IS DIFFERENT**


 Some have the level of functioning of a 30 year old.

 Some require full time assistance for basic everyday tasks.

Health is crucial to how we experience older age.

► **WHAT INFLUENCES HEALTH IN OLDER AGE**

INDIVIDUAL **ENVIRONMENT THEY LIVE IN**



► **WHAT IS NEEDED FOR HEALTHY AGEING**

A change in the way we think about ageing and older people

Creation of age-friendly environments

Alignment of health systems to the needs of older people

Development of systems for long-term care

Healthy ageing...being able to do the things we value for as long as possible #yearsahead



Source: www.who.int/ageing/en



Resources (1)



Follow the links below to access HealthPathways in your area:

Gippsland

- gippsland.healthpathways.org.au

Melbourne

melbourne.healthpathways.org.au

Murray

murray.healthpathways.org.au

Western Victoria

westvic.communityhealthpathways.org

Tasmania

tasmania.communityhealthpathways.org

Resources (2)



What is an age friendly system

- www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx

Health Ageing and Frailty

- <https://sydneynorthhealthnetwork.org.au/programs/frailty/>

RACGP Silver Book

- www.racgp.org.au/silverbook

WHO Ageing and Life Course

- www.who.int/ageing/en/

Tasmanian PHN –Primary Health Tasmania – Deprescribing resources

- www.primaryhealthtas.com.au/resources/deprescribing-resources



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