

BELGIAN FRAILTY DAY

29 APRIL 2019



WHO ARE WE

SCIENSANO can count on more than 700 staff members who commit themselves, day after day, to achieving our motto: Healthy all life long.

As suggested by the name of the institute, science and health are central to our mission. Sciensano's strength and uniqueness lie within the holistic and multidisciplinary approach to health.

More particularly we focus on the close and indissoluble interconnection between human and animal health and their environment (the 'One Health' concept). By combining different research perspectives within this framework Sciensano contributes in a unique way to everybody's health.

For this Sciensano builds on more than 100 years of scientific expertise of the former Veterinary and Agrochemical Research center (CODE-CERVA) and the ex- Scientific Institute of Public Health (WIV-ISP).

WHO ARE WE

The Belgian Association of Public Health (BAPH) is a scientific organisation of research groups and institutions, health workers and policy makers who are active in the field of public health.

The aims of the association are:

- to increase the knowledge in different domains public health
- and to stimulate public health research

You are welcome to (re)join the Belgian Association of Public Health by registering your membership.

Members of BAPH are entitled to a discounted article- processing charge when they publish in Archives of Public Health.

Therefore the association organises an annual meeting. Every two years, this is under the form of a national Symposium on Public Health.

The years between the Symposia, there is a thematic scientific meeting (or Workshop), often in collaboration with a university.

Sciensano

Epidemiology and public health



Belgian Association of Public Health

BELGIAN FRAILTY DAY

29 APRIL 2019



Sciensano - Eurostation

Room Storck

1, Rue Ernest Blerotstraat

1070 Brussel



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OBJECTIVES OF THE DAY

Demographic ageing is one of the most serious challenges that Europe is currently facing with. Older people are at greater risk of becoming frail and develop disability. However, since frailty is not an inevitable consequence of ageing, it can be prevented and treated to foster a longer and healthier life.

Belgium participates in ADVANTAGE, the first EU Joint Action on Frailty.

This symposium brings Belgian policy makers, officials from public administrations, scientists, representatives of professional and care organisations and other stakeholders involved in the health and/or care of older people together. Participants will:

- receive **intermediate results** of the EU joint action
- exchange experiences on current **activities in Belgium** on frailty
- **discuss needs and challenges** for the future
- have the opportunity for **networking**.

ORGANIZING COMMITTEE

Fanny Buckinx

Department of Public Health, Epidemiology and
Health Economics
Université de Liège
fanny.buckinx@ulg.ac.be

Anne-Marie De Cock

Geriatrician
Department of Geriatrics - Department of
Primary and Interdisciplinary Care
University of Antwerpen
University Centre of Geriatrics
anne-marie.decock@zna.be

Liesbeth De Donder

Professor in Agogic Sciences
Department of Educational Sciences
Vrije Universiteit Brussel
Liesbeth.De.Donder@vub.ac.be

Daan Duppen

Postdoctoral researcher
Department of Educational Sciences
Vrije Universiteit Brussel
Daan.Duppen@vub.be

Sandra Murru

sandra.murru@health.fgov.be
Staff member Organisation of care
Federal Public Service Public health
saskia.vandenbogaert@sante.belgique.be

Diem Nguyen

Scientist
Department of Epidemiology and Public Health
Sciensano
DoanDiem.Nguyen@sciensano.be

Mirko Petrovic

Professor in Geriatrics
Department of Internal medicine and Pediatrics
Universiteit Gent
Mirko.Petrovic@UGent.be

Céline Ricour

Expert geriatrician
Health Care Knowledge Centre (KCE)
celine.ricour@kce.fgov.be

Jean Tafforeau

Head of service
Department of Epidemiology and Public Health
Sciensano
Jean.tafforeau@sciensano.be

Saskia Van Den Bogaert

Team responsible Organisation of care
Federal Public Service Public health
saskia.vandenbogaert@gezondheid.belgie.be

Johan Van der Heyden

Scientist
Department of Epidemiology and Public Health
Sciensano
Johan.vanderheyden@sciensano.be

Stien Vandierendonck

Staff member
Vlaams Instituut Gezond Leven
Stien.Vandierendonck@gezondleven.be

Thérèse Van Durme

Postdoctoral researcher
Institut de Recherche Santé et Société (IRSS)
Université catholique de Louvain
therese.vandurme@uclouvain.be

Koen Van Herck

Professor in Public Health
Department of Public Health and
Primary Care Universiteit Gent
Treasurer
Belgian Association of Public Health
koen.vanherck@ugent.be

Marjolijn Vos

Staff member
Vlaams Instituut Gezond Leven
Marjolijn.Vos@gezondleven.be

Solvejg Wallyn

Policy coordinator –International affairs Health
Vlaams Agentschap Zorg en Gezondheid
solvejg.wallyn@zorg-en-gezondheid.be

PROGRAMME

SESSION 1

- 09.00 Welcome
Herman Van Oyen, Sciensano/Belgian Association of Public Health
- 09.10 Opening
Pedro Facon, Director-General Healthcare, FPS Public Health
- 09.30 Frailty: basis, burden and challenges for public health
Fanny Buckinx, ULiège
- 09.50 ADVANTAGE JA: the first European Joint Action on the prevention of frailty
Johan Van der Heyden, Sciensano
- 10.10 Interprofessional collaboration within primary care level
Marlène Karam, UCLouvain
- 10.30 Is spousal caregiving associated with an increased risk of frailty
Florence Potier, UCLouvain
- 10.50 Frailty management to age in place. Constructing Inclusive Care
Emily Verté, VUB/UA
- 11.10 Break

SESSION 2

- 11.25 Towards care integration for frail, community dwelling older people: the contribution of case management in the Protocol3 projects
Anne-Sophie Lambert, UCLouvain
- 11.45 Integrated care for frailty: Lessons from ADVANTAGE JA
Anne Hendry, University of the West of Scotland, Work Package 7 leader, ADVANTAGE JA,
- 12.15 Panel discussion moderated by Jean Macq, UCLouvain
- 12.45 Lunch Break

SESSION 3

- 14.00 Brussels study on the early predictors of frailty – the BUTTERFLY project
Ivan Bautmans, VUB
- 14.20 Detection of multidimensional frailty in community dwelling older people
Nico De Witte, VUB/Hogeschool Gent
- 14.40 Ultrasonographic muscle screening in combination with gait analysis: the ultimate combo in frailty screening
Anne-Marie De Cock, UA/ZNA
- 14.55 Critical reflections on the blind sides of frailty in later life: results and insights from the D SCOPE project
Liesbeth De Donder, VUB
- 15.15 Implementing a health policy with focus on prevention in Flemish nursing homes
Stien Vandierendonck, Vlaams Instituut Gezond Leven
- 15.30 Panel discussion moderated by Dominique Verté, VUB
- 16.00 Wrap up
- 16.10 Closing session & network event

ABSTRACTS OF PRESENTATIONS

DR FANNY BUCKINX, PHD

Department of Public Health, Epidemiology and Health Economics, University of Liège
WHO Collaborating Centre for Public Health Aspects of Musculoskeletal Health and Ageing.
Department of sports sciences, Université du Québec à Montréal, Canada.

BIOGRAPHY

Fanny Buckinx is currently post-PhD at the “Université du Québec à Montréal”. She is also lecturer at the University of Liège, in both Departments of Public Health and Sports Sciences. For her thesis, Fanny Buckinx was supported by a Fellowship from the FNRS (Fonds National de la Recherche Scientifique de Belgique). She acts as scientific staff representative at the Faculty of Medicine of the University of Liège and is member of the Scientific Committee of the World Congress on Osteoporosis, Osteoarthritis and Musculoskeletal diseases (WCO-IOF-ESCEO). She is also member of the “frailty Special Interest group” developed by the European Union Geriatric Medicine Society (EUGMS) and member of various associations (i.e. Belgian bone Club (BBC), Société Belge de Gériatrie et Gérontologie (SBGG), Réseau Québécois de Recherche sur le Vieillissement (RQRV)). Besides her interest in the field of geriatrics (i.e. epidemiology, prevention, rehabilitation), she is very interested in nutrition and she worked, as an intern, at the World Health Organization (WHO) in the Department of Nutrition for Health and Development. She is author of more than 50 international scientific publications referenced on Pubmed.

FRAILITY: BASIS, BURDEN AND CHALLENGES FOR PUBLIC HEALTH

The worldwide population is aging and countries are facing ongoing challenges in caring for their elderly. Multimorbidity and need for social support increase with age. Age-related conditions are a significant burden for the person, his or her family, and public health care systems. Therefore, over the past 20 years, clinicians and researchers have shown increasing interest in frailty. This has been defined to objectively describe a transitional stage between robustness and dependence and to identify a target population that would benefit from interventions to prevent loss of autonomy. Although recent research has led to a better understanding of the physiopathology of frailty, there is no consensus regarding its operational definition, especially in the specific context of epidemiological follow-up and management of elderly nursing home residents. An interesting definition in this context could be the one that best predicts the occurrence of negative health outcomes, such as falls and death. Moreover, frailty could be avoided, delayed and sometimes cured by the implementation of targeted interventions. Several treatments seem to have a possible efficacy in the management of the components of frailty. However, there is a lack of evidence to support the effect of these preventive and therapeutic treatments. In conclusion, frailty represents a huge potential public health issue at both the patient and the societal levels because of its multiple clinical, societal consequences and its dynamic nature

DR JOHAN VAN DER HEYDEN, MD, PHD

Sciensano, Department Epidemiology and Public Health, Unit Lifestyle and chronic diseases

BIOGRAPHY

Johan Van der Heyden is a medical doctor and holds a master degree in public health methodology and a PhD in health sciences. He is a researcher at Sciensano, the new institute that was created in 2018 by the merger of the Scientific Institute of Public Health (WIV-ISP) and the Veterinary and Agrochemical Research Center (CODA-CERVA). He contributed to all national health interview surveys that have been conducted in Belgium since 1997 and was in charge of the organization of the first Belgian Health Examination Survey that was conducted in 2018. Furthermore he worked on projects on quality improvement in general practice, epidemiological data collection through the Electronic Medical Record in general practice, public health genomics and morbidity statistics. He has also conducted research in the domains of chronic diseases, use of health care and socio-economic inequalities. Since 2017 he participates in ADVANTAGE, the first EU Joint Action on frailty.

ADVANTAGE: THE FIRST EUROPEAN JOINT ACTION ON THE PREVENTION OF FRAILITY

ADVANTAGE is a Joint Action with 22 Member States (MS) and 33 organizations involved. It is co-funded by the European Union (EU) and the MS. It aims at building a common understanding on frailty to be used in all the MS, by policy makers and other stakeholders, which should be the base for a common management both at individual and population level of older people who are frail or at risk of developing frailty throughout the European Union.

Work packages of ADVANTAGE JA include 1) Knowing frailty at individual level; 2) Knowing frailty at population level; 3) Preventing/managing frailty at an individual level; 4) Models of care to prevent, delay or treat frailty and 5) Education, training and research. The final output will be the "Frailty prevention approach" (FPA), a common European model to tackle frailty and indicate what should be prioritized in the next years at European, National and Regional level and on which to base a common management approach of older people who are frail or at risk of developing frailty in the EU.

During this presentation information will be provided on the activities, expected outcomes and results of ADVANTAGE JA, and some preliminary results will be presented for Belgium.

DR MARLENE KARAM, RN, PHD

Teaching and research assistant at the Faculty of Public Health (UCL)
Evidence Based Practice Trainer (Cebam)

BIOGRAPHY

Marlène Karam is a researcher and teaching assistant at the Catholic University of Louvain (UCL), Brussels, Faculty of Public Health. She has recently completed her thesis on Interprofessional Collaboration between general physicians and emergency departments' teams in Belgium, and the continuity of care for patients between these two levels of care. Currently, she is involved in two main research projects aiming at improving interprofessional collaboration between general physicians and home care nurses, and strengthening the primary care level. She is also a staff member of the Belgian Center for Evidence based Medicine (Cebam) and delivers trainings in EB Practice/Nursing.

Marlène has a Bachelor of Science in Nursing and a Master's in Public Health and has occupied the position of Coordinator within the Belgian-French Clinical Pathways Network which aimed at supporting hospitals in Belgium, France, Switzerland and Luxembourg to develop, implement and evaluate Clinical Pathways in their own organizations.

INTERPROFESSIONAL COLLABORATION WITHIN PRIMARY CARE LEVEL

Emergency department (ED) use by frail elderly is increasing in Belgium. A recent survey showed that 25% of patients who arrive to ED referred by their general physician (GP) are aged between 65 and 79 years old, and 20% are above 80 years old. This increased use of ED by older patients may be viewed as an expression of health system failure. It confirms the need to strengthen primary care level to adequately manage the ongoing needs of the population, and to provide the appropriate care for patients, at the right moment, at the right level of care, with the right human and material resources. Strategies aiming at strengthening primary care level include improving interprofessional collaboration (IPC) within this level. IPC leads to increase system capacity by providing a means for professionals to achieve more than they can on their own. In this presentation we report the findings of a recent action-research that aimed at assessing IPC between GPs and primary care nurses in Wallonia in different contexts, and identifying target priorities for improving this collaboration. Two issues were identified as common priorities: communication and task delegation. Actions prioritized by each participating area were related to these two issues and took local needs into account. Based on these results, strategies aiming at enhancing IPC within Belgian primary care level should include promoting the existent information sharing system, and a proper training and skill development for workforces.

DR FLORENCE POTIER, MD, TRAINEE IN GERIATRICS, PHD

Institute of Health and Society, UCLouvain

BIOGRAPHY

Florence Potier is a medical doctor, in 5th year of specialization in geriatrics. After two years of internal medicine, she completed her PhD in January 2019 at the Institute of Health and Society of UCLouvain. Her research focused on the health of older spousal caregivers. Alongside her clinical functions, she is involved in the resource committee of the «Aidant Proche Organization» in the Province of Namur.

IS SPOUSAL CAREGIVING ASSOCIATED WITH AN INCREASED RISK OF FRAILTY

Many caregivers of older patients are spouses who are old themselves. In many aspects, their mental, social and physical health may be at the core of successful caregiving. In this context, the CAREGIVER study aimed at assessing the health of older spousal caregivers in Wallonia. The difficulties encountered by the spousal caregivers involved primarily disruption of their activities and feeling of social isolation. Older spousal caregivers were less likely to engage in preventive health behaviours: not finding enough time for outdoor activities, for adequate rest and sharing meals together. Compared to controls, caregivers were at higher risk of malnutrition and frailty. More precisely, caregivers were more likely to be in a pre-frail stage, which is identified as a high risk of progressing to frailty. The difference was especially shown in the criteria of unintentional weight loss and low physical activity. On the other hand, the subjective measurement of the experience of the caregiver, assessed with the burden, seems to be associated with interesting outcomes such as nursing home admission of the care-receiver. This study also supported the role of protective factors against the caregiver's burden. We observed that caregivers who find caregiving meaningful, manageable and comprehensive are likely to be less negatively affected by caregiving. This personal coping resource can be used in stressful situations to maintain positive health and achieve well-being.

DR EMILY VERTÉ, PHD

Family Medicine and Chronic Care & Belgian Ageing Studies, Vrije Universiteit Brussel
Family Medicine and Primary Care, University of Antwerp
Senior researcher and coordinator of the Flemish "Primary Care Academy"

BIOGRAPHY

Emily Verté holds a PhD in health and social service management and has a background in business administration, public management and policy development. She has more than ten years of professional experience as a project manager and researcher on several national and international research and consulting projects in Gerontology and published on topics related to ageing research, social policy and the organisation of care and support services. Her expertise is positioned at the interface of project and public management to address issues in the field of health and social care.

FRAILTY MANAGEMENT TO AGE IN PLACE. CONSTRUCTING INCLUSIVE CARE

In this presentation, the management strategies older people use in order to cope with their frailty is presented. As older people prefer to stay at, the way they handle their current future frailty. In literature, coping with frailty focusses on a decline in health and functioning, a disempowering approach where being a care dependent is exclusionary. However, even people experiencing frailty can achieve a state of wellbeing and be resilient. Based on Dunér and Nordströms multidimensional model of managing in everyday life and the multidimensional frailty approach of the CFAI, in-depth semi-structured focus group interviews were organized with 137 community dwelling older people in Brussels, Belgium. The study results confirm that older people manage changes in their everyday life in three different ways using active, adaptive, and passive managing styles. Moreover, an additional managing style emerges; rejective. As rejective older people are independent and do not act, the degree of independence and activeness are not necessarily correlated. Further, managing styles and multidimensional frailty become dynamic when the relationship is studied. Managing one dimension of frailty leads to changes in the other dimensions, whereas active managing enables even more activeness.

The process of managing frailty highlights that all four managing styles are equally important in terms of detection, yet each type requires another approach in terms of intervention and prevention. For instance, prevention programs should keep older people from turning non-active, while intervention programs should guide rejective older people towards more active managing styles. As a consequence, specific identification of frail community dwelling older people and their managing styles are crucial for evidence based policy and person-centered practice.

With this research we respond the long lasting perception of frail people as passive consumers that do not have mastery over their life. Moreover, as this research is positioned at the core of the Inclusive Care Framework, we aim to achieve the implementation of an empowering and inclusive approach in integrated care, which is perceived as a fundamentally new paradigm for the provision of services to older people in particular and frail people in general.

ANNE-SOPHIE LAMBERT

UCLouvain, Institut de recherche santé et société

BIOGRAPHY

Anne-Sophie Lambert works as a research assistant in the faculty of public health of the Catholic university of Louvain in Belgium. She does a doctoral student and teaches courses in statistics and epidemiology. Her research topics is the evaluation of the impact of complex health care interventions for frail elderly people. She is passionate about the application of statistical methods in real-life situations. Her professional experience as a physiotherapist allows her to better understand the stakes of the home-based support.

TOWARDS CARE INTEGRATION FOR FRAIL, COMMUNITY DWELLING OLDER PEOPLE: THE CONTRIBUTION OF CASE MANAGEMENT IN THE PROTOCOL3 PROJECTS

Integration of care for frail older persons living at home represent an important challenge. Within the frame of Protocol 3 projects, case management has been tested and evaluated. Results showed uneven effectiveness, and therefore, the need for customization of such a strategy. Concretely, we shed light on modifications of the care trajectories (e.g. the decrease of the emergency department visits, the coverage of the homecare need), for different individual characteristics (e.g. the disability profile, the level of presence of the family carer) and discuss the influence of contextual factors (e.g. the sociodemographic characteristics, the characteristics of first and second line of care).

This presentation will use, as an example, two different contextual realities (i.e. the Northern Brussels and the West Flanders), to show how similar strategies to be effective, must be introduced at different entry points and must adapt their actions to the existing local health system.

PROF DR ANNE HENDRY

University of the West of Scotland
Work Package 7 Leader, ADVANTAGE JA
Senior Associate, International Foundation for Integrated Care

BIOGRAPHY

Anne Hendry, a geriatrician and stroke physician, has held a number of national clinical lead roles in Scotland for the Long Term Conditions Collaborative, the Healthcare Quality Strategy, the Reshaping Care for Older People programme and Integrated Health and Social Care. She leads the UK participation in the European Joint Action on Frailty. As Senior Associate with the International Foundation for Integrated Care, she chairs the Advisory Board of the International Centre for Integrated Care, the home of IFIC in Scotland, and coordinates the Integrated Care Matters webinar series and a range of IFIC special interest groups.

INTEGRATED CARE FOR FRAILTY: LESSONS FROM ADVANTAGE JA

Frailty is a public health priority due to the associated demand for acute and long term health and social care support, and the impact of frailty on the lives of individuals, caregivers and families. It is increasingly considered as a chronic condition with potential to benefit from integrated care to improve health and wellbeing outcomes and reduce costs. ADVANTAGE Joint Action (www.advantageja.eu), co-funded by the European Union and 22 Member States, aims to develop a common approach to the prevention and management of frailty in Europe. Partners from Sciensano in Belgium are supporting Advantage JA Work Package 7 task leaders from Scotland, Spain, France, Finland and Ireland to study the evidence for effective models of care for frailty.

The presentation will outline current evidence that views frailty as a chronic condition / syndrome that requires early intervention with education, enablement and rehabilitation to optimise function, particularly at times of a sudden deterioration in health, or when moving between home, hospital or care home. In all care settings, these approaches should be holistic and person centred, supported by comprehensive assessment and multidimensional interventions tailored to modifiable physical, psychological, cognitive and social factors and appropriate to the goals and circumstances of the individual.

The presentation will discuss global policy and practice in integrated care and illustrate good practice examples of integrated care for frailty in Europe. It will also explore evidence for improved experience and outcomes through system wide redesign of care and support for older people.

PROF DR IVAN BAUTMANS

Frailty in Ageing research group
Vrije Universiteit Brussel

BIOGRAPHY

Ivan Bautmans is full-time appointed as tenured professor (hoogleraar) at the Vrije Universiteit Brussel (VUB) where he is head of the Gerontology (www.vub.ac.be/GERO) and Frailty in Ageing research (www.vub.ac.be/FRIA) departments. He coordinates the Gerontopole Brussels, an Interdisciplinary Research Program @VUB on Active and Healthy Ageing.

Ivan is MSc Physiotherapy & PhD Medical Sciences, and an expert in biogerontological research: physical training of older persons, sarcopenia and inflammation. His work on muscle fatigue in frailty was awarded by 6 scientific prizes among which the 3 most prestigious Belgian gerontology awards: ·2013 King Baudouin Foundation's PRIZE MARIE-THÉRÈSE DE LAVA ·2010 BORGERHOFF PRIZE ·2009 DE COOMAN PRIZE. He obtained funding from FWO, VUB, Willy Gepts Fund, EU (FP7 program), WCF (The Netherlands) and sponsored clinical trials.

He published 112 full articles in international peer-reviewed journals, 1 international book & 8 book chapters. He is promoter of 12 successfully defended PhD's and 7 ongoing PhD's.

At the VUB he is director for research of the Faculty of Medicine & Pharmacy, member of the University Council, board member of the UMC Research Council and board member of the Research Council. He is also board member (President elect in 2013-2015) of the Belgian Society for Gerontology & Geriatrics (www.geriatrie.be) and founding board member of the Belgian Ageing Muscle Society (www.ageingmuscle.be).

BRUSSELS STUDY ON THE EARLY PREDICTORS OF FRAILTY – THE BUTTERFLY PROJECT

The **B**russels study on the **e**arly predictors of **f**railty (BUTTERFLY) is a project of the interdisciplinary network «Gerontopole Brussels», that has been initiated by the Frailty in Ageing research (FRIA) and Belgian Ageing Studies (BAST) groups of the Vrije Universiteit Brussel (VUB) bringing together 10 VUB research teams and the Department of Ageing and Life Course of the World Health Organisation.

BUTTERFLY is an explorative, observational cohort study with 2 years follow-up. Non-frail subjects (i.e. robust on Fried Phenotype and on the Rockwood Frailty Index and on the Groningen Frailty Indicator) aged 80 years and over are reassessed for a large battery of potential early markers of frailty every 6 months for 2 years. The aim is to identify new frailty/healthy ageing markers in elderly persons aged 80 and over and to determine their predictive value for the occurrence of frailty or maintenance of healthy ageing over a period of 2 years. At this moment already n=455 subjects have been enrolled. The results of this study will allow to proactively differentiating those elderly persons who will remain fit and independent from those who are apparently fit but who are at risk of becoming frail. Next studies within the research program will be focussed on intervention trials to prevent/counter frailty in older persons aged 80 and over targeting specifically these frailty/healthy ageing markers.

PROF DR NICO DE WITTE

Faculty of Psychology and Educational Sciences
Department of Adult Educational Sciences - Belgian Ageing Studies
Vrije Universiteit Brussel

BIOGRAPHY

Nico De Witte is a gerontologist and works at the Vrije Universiteit Brussel. He is also a lecturer/researcher at the Hogeschool Gent. He has obtained his PhD at the Vrije Universiteit Brussel in 2013 with the development of the Comprehensive Frailty Assessment Instrument (CFAI). Since 2017, he teaches the course «research methods and techniques» of the master's programme in Agogical Sciences at the Vrije Universiteit Brussel. In 2002, together with Prof. Dominique Verté, he started up the Belgian Ageing Studies (BAS). In this research project, in which the opinion of the older people is central, more than 200 municipalities have already taken part, with a total of more than 90000 surveyed elderly in Flanders. Based on the results of this research, municipalities are supported to develop an evidence-based policy for older people. The data of the BAS were also used for fundamental research on vulnerability, housing, inclusive care, loneliness, etc. In addition to research on older people living at home he also conducts research in residential settings on malnutrition, incontinence, and quality of life. Within the field of gerontology, Nico De Witte contributed to 10 books, 6 book sections and more than 40 international and national publications

DETECTION OF MULTIDIMENSIONAL FRAILITY IN COMMUNITY DWELLING OLDER PEOPLE

Population ageing, an ageing in place policy and the expectation of scarce resources for care resulted in an enhanced interest in the concept of frailty. For this concept, several definitions and conceptualizations were proposed, but a consensus is still missing. Biomedical approaches were developed using biomedical indicators. Here frailty is seen as a result of biological processes and can be measured using biomedical indicators. At the other end of the spectrum, multidimensional conceptualizations of frailty were developed in an attempt to capture the physical, psychological societal and environmental challenges older people face when ageing in place. In this context, the Comprehensive Frailty Assessment Instrument (CFAI), a 23 item self-administer instrument, was developed based on data from the Belgian Ageing Studies. During the validation study it was shown that all domains added to frailty and that the psychological domain added the most to the overall frailty score, pointing towards the fact that frailty is more than a physical problem. Afterwards cut-off (low-mild- high) were developed for each domain. Recent research showed that frailty is not equally distributed within Flemish communities, indicating local assessments of frailty are necessary. Therefore, pre-screening tools are developed for triage. Socio- demographic based tools enable communities to detect older people at risk for frailty in a specific domain. Likewise, other tools are developed containing some questions which can be used during normal conversations with older people. Based on the results of these tools, older people can be assessed for frailty using the CFAI.

DR ANNE-MARIE DE COCK, GERIATRICIAN, MD, PHD

Medical director of the Geriatrics Department Ziekenhuis Network Antwerpen and the University of Antwerp Academic Centre of Geriatrics ZNA Middelheim/Elisabeth, Antwerp / Academic Associate of the Department of Primary and interdisciplinary Care ELIZA, University of Antwerp / Coordinator of the Centre of Expertise on Frailty (detection and prevention) and Healthy Ageing, Antwerp. / Board Member of the Belgian Society of Geriatrics and Gerontology

BIOGRAPHY

Anne-Marie De Cock is geriatrician since 1997, currently working at General Hospital Ziekenhuis Network Antwerpen. Her clinical activities concentrate on general geriatric hospital care and outpatient care focusing on early detection of cognitive complaints and frailty in older adults. She is lector and teaches Geriatrics at the University of Antwerp. Her research scope: She focused her research in the last 10 years on the outpatient geriatric day hospital. She conducted studies on the clinical application of gait analysis in the determination of fall risk and in the early detection of cognitive decline. She is co-author of several reference articles in collaboration with international consortia on new concepts such as 'Motor Cognitive Risk' and 'Quantitative Gait Analysis'. She is also co-author of the 'International Guidelines for assessment of gait and reference values for spatiotemporal gait parameters in older adults: The biomechanics and Canadian gait consortiums initiative'. Recently, she finished her PhD research with a dissertation on the meaning of 'Comprehensive quantitative spatial and temporal gait analysis and motor cognitive risk' in persons with memory complaints. In this research a screening method and algorithm for dementia screening using gait analyses was developed. This study also illustrated the presence of cognitive frailty and physical frailty in early and preclinical dementia stages. Current research focuses on the validation and cost-benefit analysis of this assessment method and its relationship with muscle mass and muscle quality.

ULTRASONOGRAPHIC MUSCLE SCREENING IN COMBINATION WITH GAIT ANALYSIS: THE ULTIMATE COMBO IN FRAILTY SCREENING

The research experience on the spatiotemporal disentanglement of the gait cycle in relation to muscle strength and muscle mass is limited. To what extent muscle quality, strength and structure, results in a specific change in these gait characteristics and relates to sarcopenia is not yet defined. A study on gait and muscle strength concluded that the quadriceps muscle strength influenced gait speed in men and women. The hip flexion and abduction muscle strength were associated with gait cycle variability in women. On the other hand, the research on the association between muscle structure and gait characteristics showed varying results with Dual-energy X-ray absorptiometry (DXA) or Bioelectrical Impedance Analysis (BIA). A study using DXA associated higher intra-muscular fat deposit with a decrease in gait speed and cadence and an increase in step-time and step-width in community dwelling older adults. Higher muscle density was related to smaller step width. Measurements with Direct Segmental Multi-frequency (DSM)-BIA, however, showed that the Fat-free Mass Index was associated with step time and double support time variability. Relative Muscle Mass seemed the most significant independent body composition parameter to influence gait quality. The relation was seen with gait speed, mean step length and swing time variability. Step width and cycle time variability were more related to body fat mass and relative fat mass. So far one might conclude that the results on the present muscle imaging techniques are volatile. A new research protocol combines gait analysis, DSM-BIA and regular sarcopenia screening with ultrasonographic muscle screening, a focused imaging of muscle structure, muscle mass and fat infiltration. The correlation between the different techniques focused on the key muscle groups might sort out the direct relation between these variables and clarify the link to sarcopenia and disability. This might clarify the possible use of these techniques for frailty screening. Presentation of the study protocol.

PROF DR LIESBETH DE DONDER,

Professor Agogic Sciences Vrije Universiteit Brussel

BIOGRAPHY

Liesbeth De Donder is associate professor Adult Educational Sciences at the Vrije Universiteit Brussel where she teaches several courses on “Research Methodology”, and “Civil Society and Community Development”. Her research topics focus on social participation and inclusion, caring communities, safety and elder mistreatment. She is particularly interested in the empowerment of disadvantaged groups, and participatory (research) methodologies.

CRITICAL REFLECTIONS ON THE BLIND SIDES OF FRAILITY IN LATER LIFE

Throughout the years, the concept ‘frailty’ became susceptible to different interpretations and has been approached by different synonyms, which resulted in a confusing picture. Based on a narrative literature review and insights from the interuniversity D-SCOPE project (Detection, Support and Care of Older People: Prevention and Empowerment), this presentation not only attempts to describe these different views on frailty, but by criticizing the dominance of some of these views, it also aspires to move the research and policy agenda on frailty forward. This presentation critically reflects on the blind sides of the biomedical domination of frailty and discusses three main themes: 1) frailty as a multidimensional and multilevel concept; 2) positive perspectives on frailty in later life; and 3) the suggestion of moving from a merely deficit-based frailty approach towards the concept of frailty-balance. At the theoretical level, conceptualizing frailty is not simply an exercise in semantics, but altering the theoretical definition of frailty can have wide-ranging implications, not only for the way frailty prevalence is measured and handled, but also for public or personal opinions on frailty in older people, for care and support practices, and for the scope of legislation. Therefore, the final section of the presentation presents three building blocks for future research and policy-making: 1) adopting a multidimensional, multilevel, dynamic and positive view on frailty; 2) moving from dependency to interdependency; and 3) giving voice to (the resilience of) frail older people.

STIEN VANDIERENDONCK

Staff member Care, Vlaams Instituut Gezond Leven

BIOGRAPHY

Stien Vandierendonck is a staff member of the Vlaams Instituut Gezond Leven.

Her main expertise lies in the development and implementation of health projects for the elderly within different settings.

She prefers to do this in co-creation with the target group and the intermediaries involved.

Her major challenge is to think on how prevention can be given a place within the care setting.

IMPLEMENTING A HEALTH POLICY WITH FOCUS ON PREVENTION IN FLEMISH NURSING HOMES

50% of residents in nursing homes have a malnourishment risk, 70% of elder persons have tooth decay, 80% of the residents use psychotropic medications (i.e. hypno- sedatives, antipsychotics and antidepressants) on long-term bases and 30 to 70% of the residents fall at least once a year.

In December 2017 the Flemish government launched a 4 year project for Flemish nursing homes where a coach supports them to implement a preventive health policy. Nursing homes can work on a preventive health policy that involves four areas of concern: the prevention of malnutrition, adequate oral health care, effective and efficient use of psychotropic medications, and the prevention of fall incidents. The coach is paid by a subsidy provided by the government.

Nursing homes can enroll in the project by choosing one of the four aforementioned themes. Several requirements must be met in order to be accepted, i.e. the nursing home is willing to organize a training for its employees and they need to exempt 20% FTE for an employee who coordinates the project. When qualified, the coach will support the organization during two years.

The coach has expertise in one of the four themes and received an extensive training in coaching and implementation strategies. The theoretical background for the implementation of a preventive health policy is a 7 steps roadmap, based on the PDCA circle and implementation pilot studies.

The call for registration started on November 26, 2018. Today more than 200 nursing homes enrolled in the project. The first trajectories with coaches started. To guarantee the quality of work, the coach reports progress every 3 months. Once a year there is an intervision to exchange tips, best practices and knowledge.

ADDITIONAL CONTRIBUTORS TO THE PANEL DISCUSSIONS

MIGUEL LARDENNOIS

Federal Public Service Public Health

BIOGRAPHY

Miguel Lardennois has a background as nurse and has some academic degrees in Public Health. He works for the Ministry of health since 12 years, first in the field of hospitals organization to improve quality and multidisciplinary, and since 5 years he leads the cell "health professional strategy", which is the connection between the strategic cell of the Minister and the administration of health professionals regulation.

NATALY FILION

Master in Nursing, teacher at Parnasse-ISEI Haute Ecole Vinci in Brussels

BIOGRAPHY

Nataly Filion did a bachelor and a master in nursing at Montreal University. She has worked in the psychiatric field for more than 16 years as a staff nurse, but also as a clinician and a head nurse. For 11 years she has been teaching psychiatric nursing, Evidence based Nursing and research at the bachelor level. She participated in several research projects in Montreal and Brussels.

PASCAL DELVAUX

Premier Attaché - Direction de la Recherche, de la Statistique et de la Veille des Politiques – Agence pour une Vie de Qualité (AVIQ), in charge of projects related to health and older people»

BIOGRAPHY

Pascal Delvaux has been attached to the Département de la Santé, des Aînés et de la Famille of the Walloon Region since 2002 and continued to work in this domain after the creation of the AVIQ, the new institution of Public Interest of the Walloon Region. He was involved in projects and activities related to the implementation of the BelRAI, the quality of services to beneficiaries and e-health. Because of his experience he later joined the Research Direction to participate in the development of studies and research projects within the AVIQ.

LIZA VAN EENOO

BelRAI expert and trainer within the BelRAI team FPS Public Health/RIZIV-INAMI

BIOGRAPHY

Liza Van Eeno obtained her Bachelor's degree 'Nursing' at the KH Leuven in 2001 and her Master's degree 'Medical Social Sciences' at the KU Leuven in 2004. She started her career as a home nurse and study nurse. For eight years she was a scientific collaborator at the KU Leuven (LUCAS) where she was involved in all kinds of BelRAI projects such as the federal BelRAI VI project, the development of the BelRAI screener instrument and the pilot study on the BelRAI GGZ instruments. Since January 2013, Liza has been working on her doctoral thesis 'Best practices for frail older persons and their care professionals in the European home care setting'. In May 2017 she created BelRAIcare where she works as a BelRAI trainer and consultant. She currently works as a BelRAI expert and trainer in the BelRAI team of the FPS Public Health/RIZIV-INAMI.

MODERATORS

PROF DR JEAN MACQ

Institute of Health and Society, UCLouvain

PROF DR DOMINIQUE VERTÉ

Faculty of Psychology and Educational Sciences
Department of Adult Educational Sciences - Belgian Ageing Studies
Vrije Universiteit Brussel

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CONTACT

info@sciensano.be
secretary@baph.be

MORE INFO

Visit our website
www.sciensano.be



Sciensano • rue Juliette Wytsmanstraat 14 • 1050 Brussels • Belgium
+32 2 642 51 11 • press +32 2 642 54 20 • info@sciensano.be • www.sciensano.be

Editor: Myriam Sneyers, General director- rue Juliette Wytsmanstraat 14 • 1050 Brussels • Belgium