

*¿Qué deben saber los profesionales de salud en
el primer nivel de atención?*

Las personas mayores son pacientes diferentes

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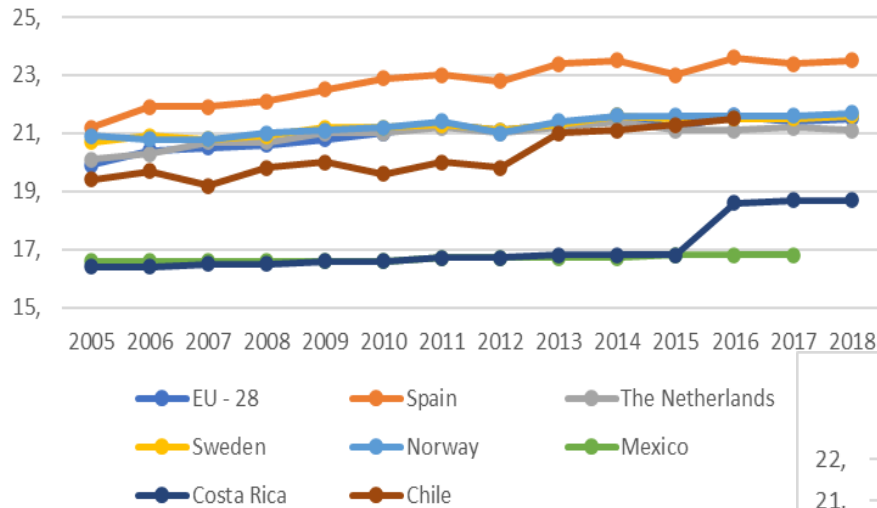
FINANCIACION

The research leading to some of these results has received funding from the European Union's Seventh Framework Programme (FP7/2007-2013), H2020, IMI, DG-SANCO, ERASMUS +, EIT-HEALTH, the Spanish National Network on Frailty and Aging-RETICEF, the Centre of Biomedical Research on Frailty and Healthy

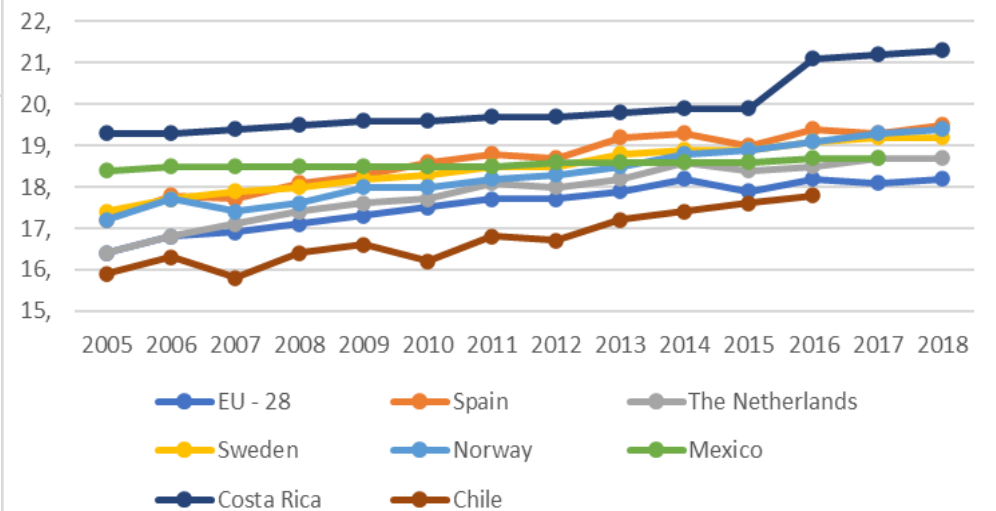
- Cantidad de vida (longevidad) frente a calidad de vida (función)
- La función como manifestación de enfermedad y comorbilidad
- La función como factor pronóstico
- La función como objetivo terapéutico
- Conclusiones

EXPECTATIVA DE VIDA TOTAL A LOS 65 AÑOS

WOMEN

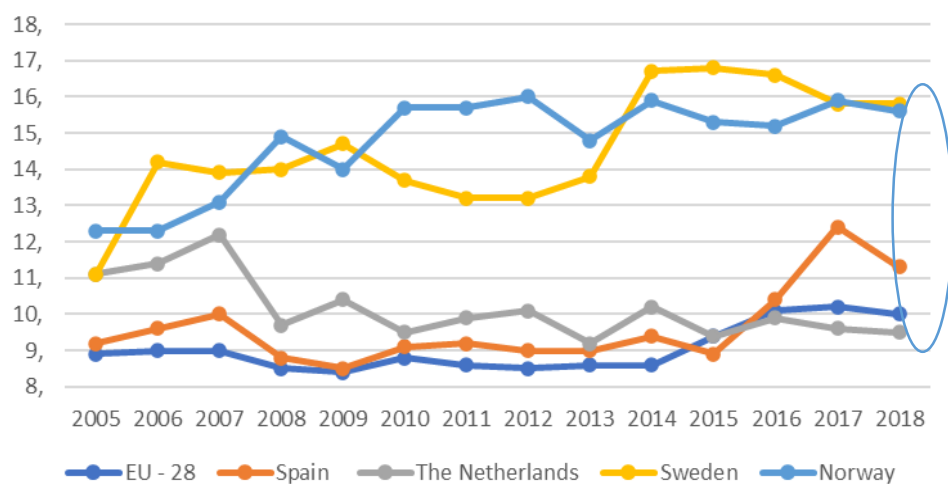


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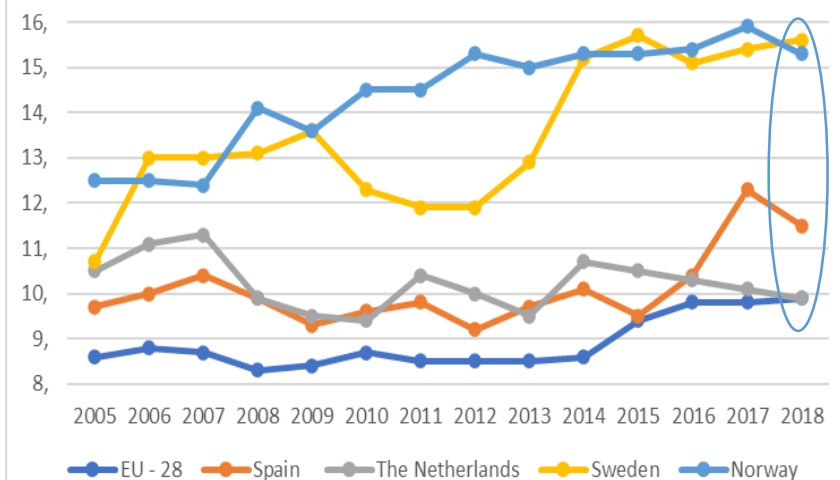


EXPECTATIVA DE VIDA SIN DISCAPACIDAD A LOS 65 AÑOS

WOMEN



MEN



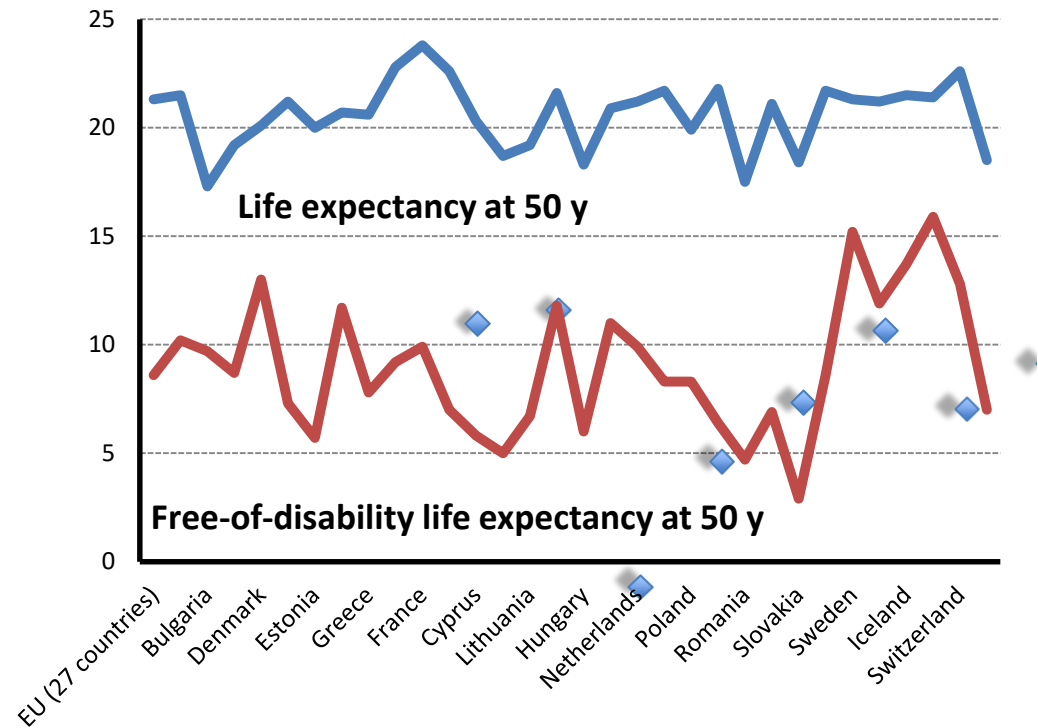
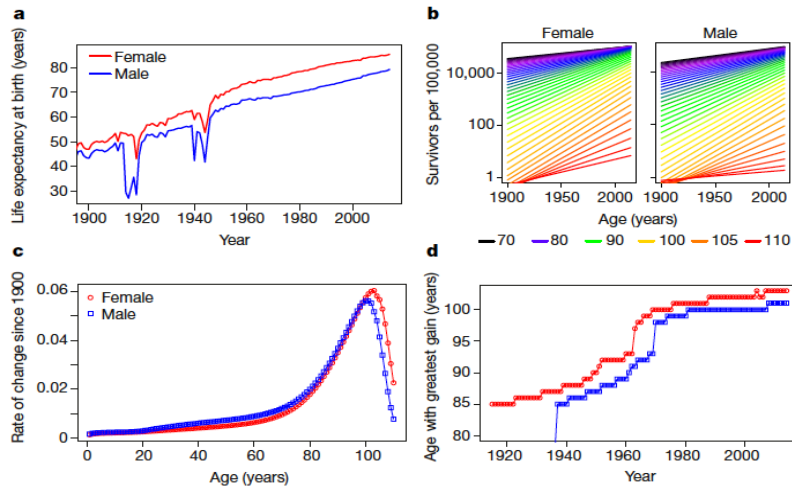
¿CUÁL ES EL AUTENTICO PROBLEMA?

LONGEVIDAD VS. FUNCION

Evidence for a limit to human lifespan

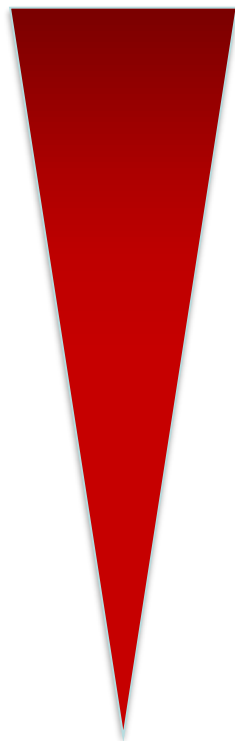
Xiao Dong^{1*}, Brandon Milholland^{1*} & Jan Vijg^{1,2}

Nature, October 2016



Conforme envejecemos ¿enfermedad o deterioro funcional?

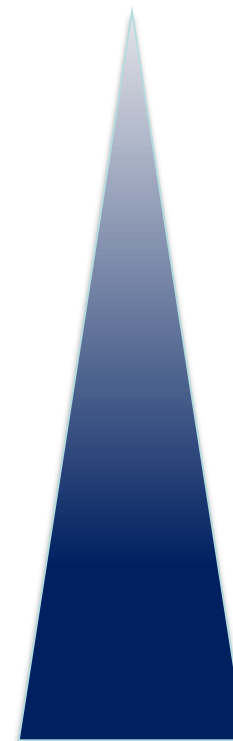
ENFERMEDAD



1. Manifestaciones clínicas
2. Fisiopatología
3. Valor pronóstico
4. Marcadores de eficiencia

**Manejo clínico
DIFERENTE**

FUNCION



E
D
A
D

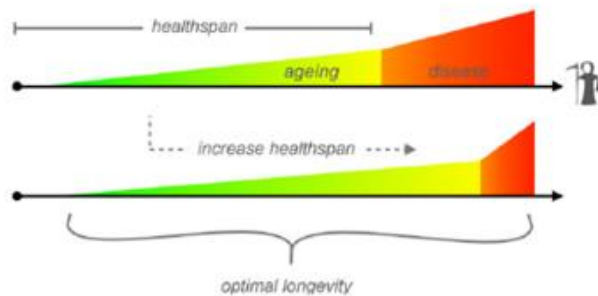
Envejecimiento saludable: un cambio de paradigma biomédico

Rationale

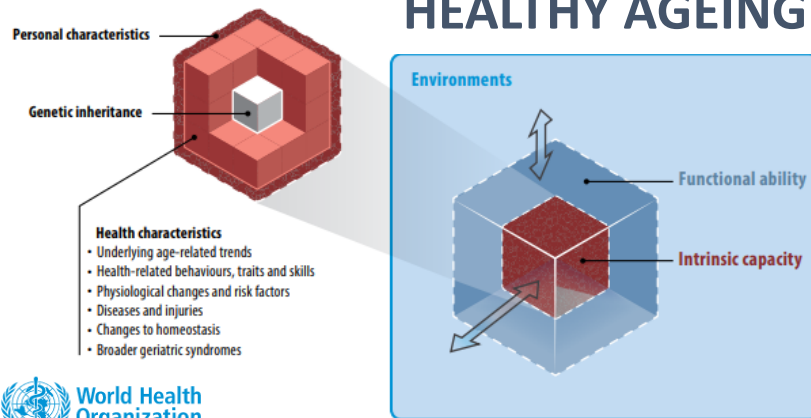
Physiological geroscience: targeting function to increase healthspan and achieve optimal longevity

Douglas R. Seals, Jamie N. Justice and Thomas J. LaRocca

Department of Integrative Physiology, University of Colorado Boulder, Boulder, CO 80309, USA

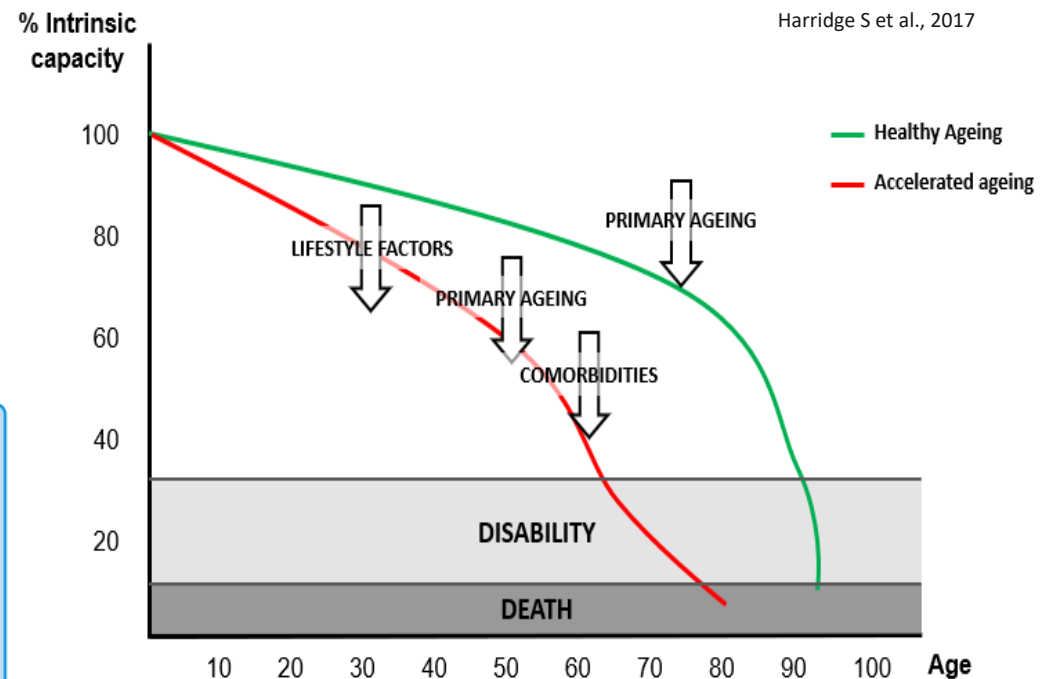


HEALTHY AGEING



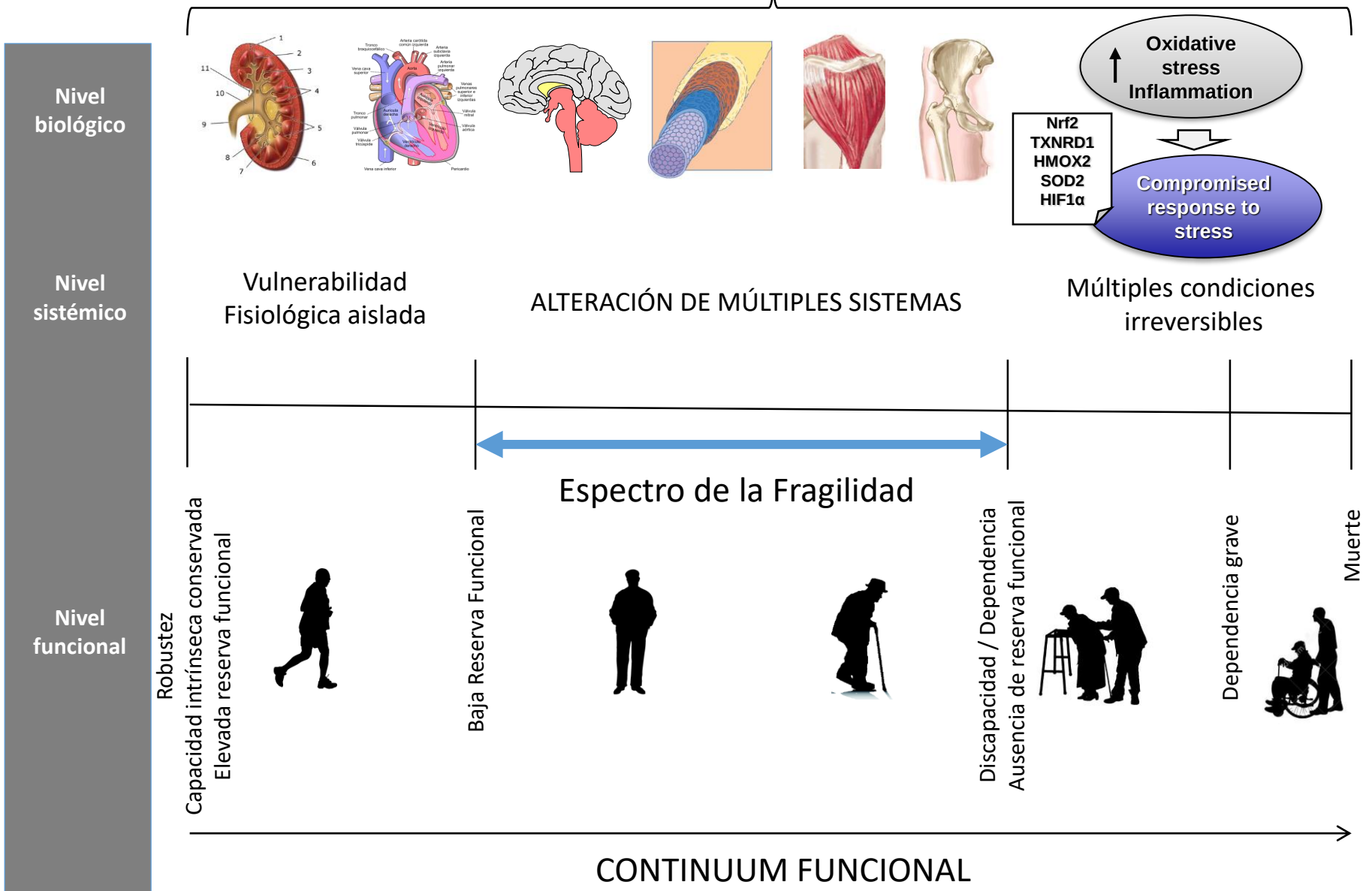
Physical Activity, Aging, and Physiological Function

Harridge S et al., 2017



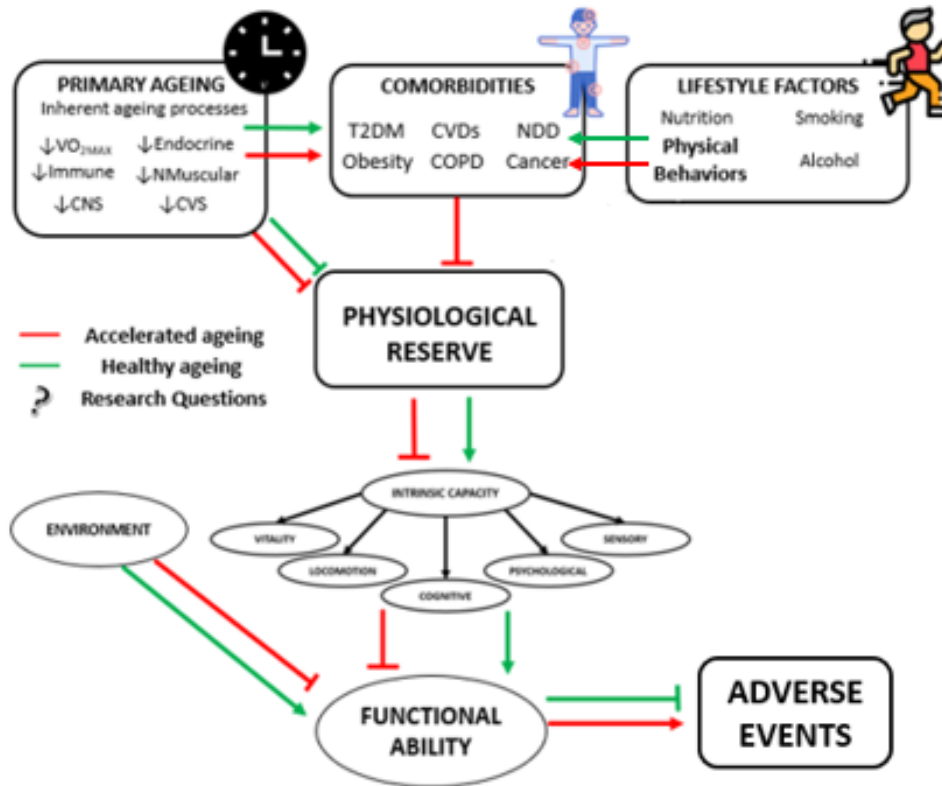
Mecanismos que condicionan la Capacidad intrínseca y la función

ESPECTRO DE LA CAPACIDAD INTRÍNSECA

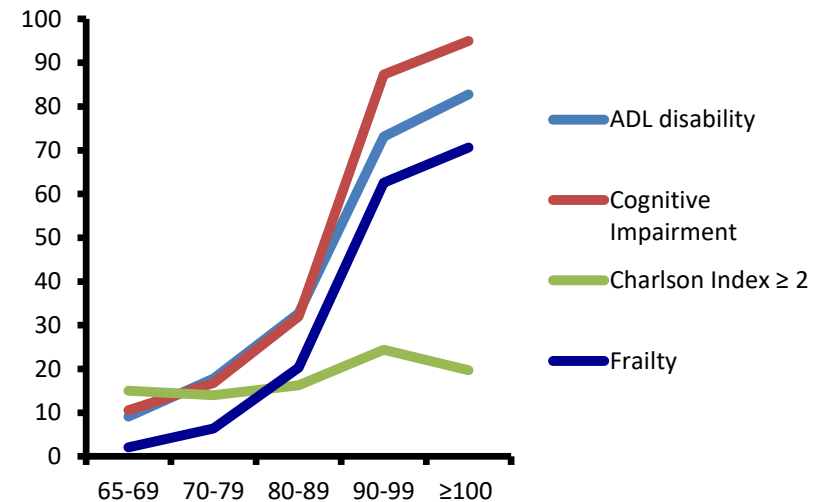


..debido a múltiples causas

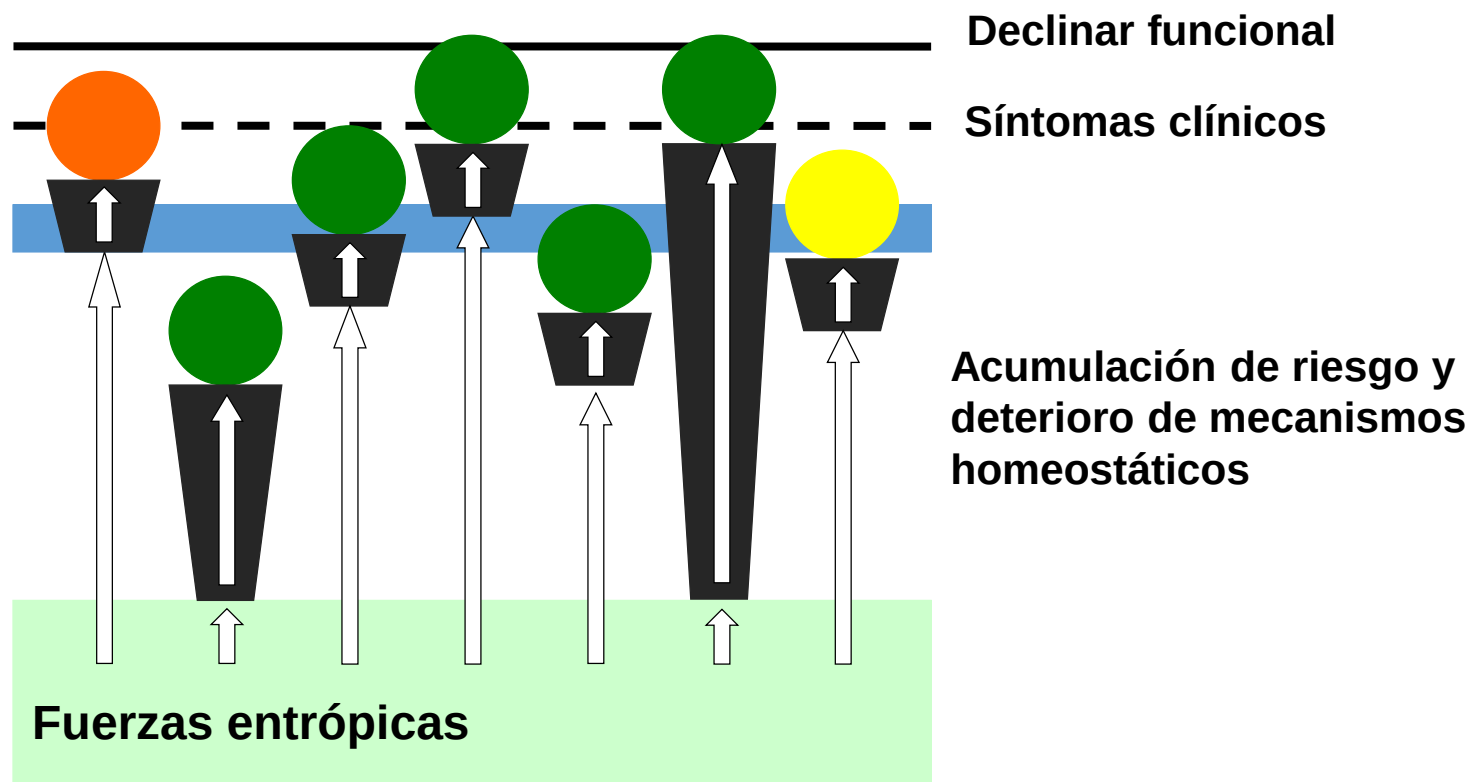
Rationale



Toledo Study for Healthy Aging



Modelo de enfermedad característico del adulto mayor

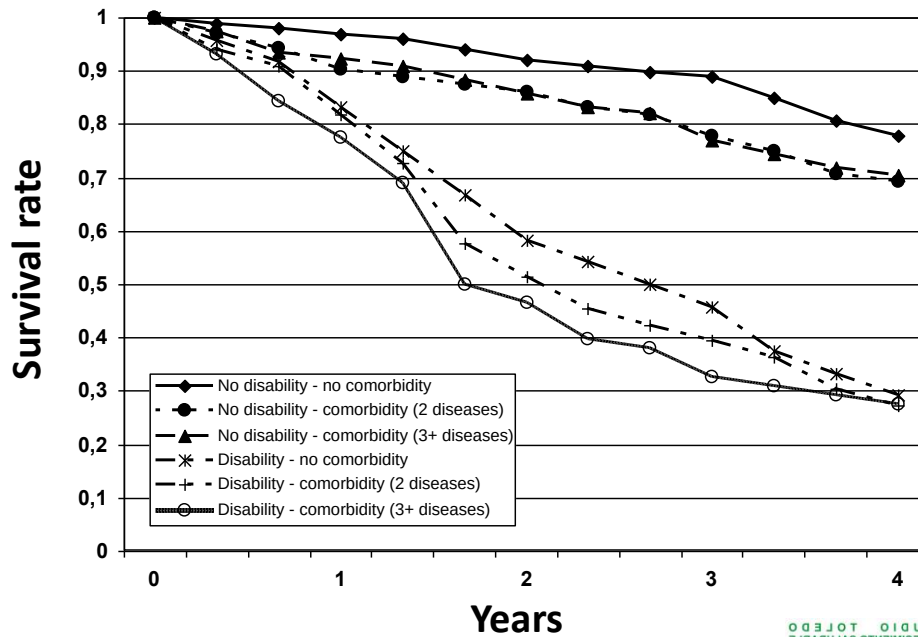


Studenski S. *J Nutr Health Aging* 2009;13:729-32

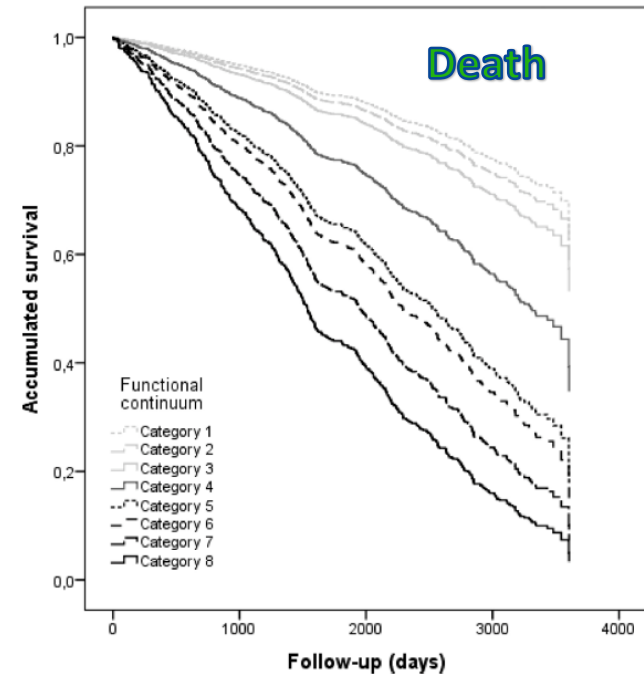
Ferrucci L et al. *Genus* 2005;LXI:39-53

Angulo J et al. *Redox Biology* 2020

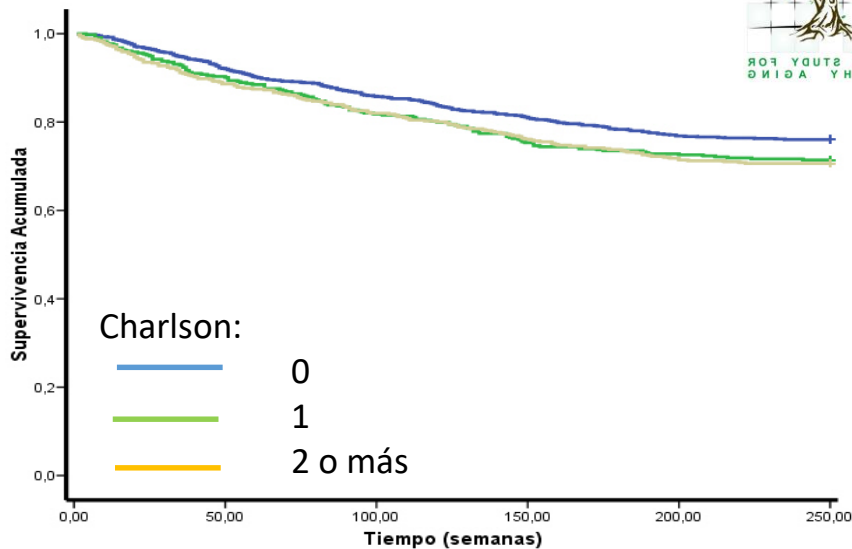
Landi et al., J Clin Epidemiol 2010



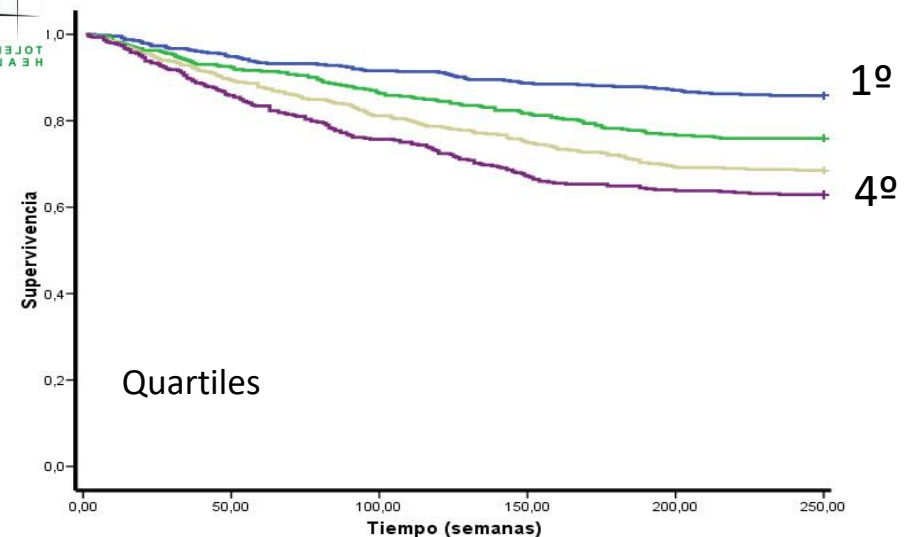
Hoogendijk et al 2019



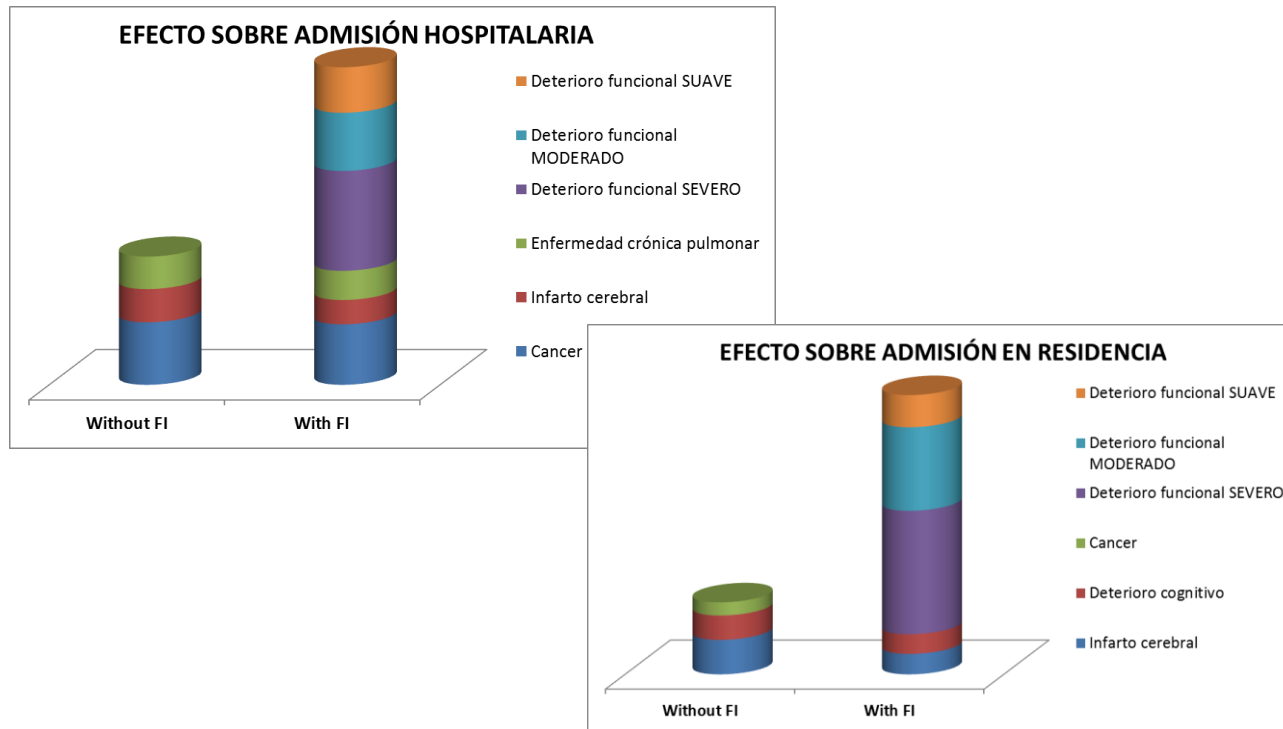
Charlson Index



Frailty Trait Scale



UTILIZACIÓN DE RECURSOS SANITARIOS, ENVEJECIMIENTO, ENFERMEDAD Y FUNCION



COSTES ANUALES DE HOSPITALIZACION (€) EN LA COHORTE DEL ESTUDIO TOLEDO



Robustos + Bien nutridos = 321.15€



Frágiles + Bien nutridos = 466.69€



Frágiles + en riesgo de malnutrición = 695.87€

Frágiles + malnutridos = 951.88€

¿QUE HACER?

Comment

Frailty in the clinical scenario

The aim of health care has changed substantially—after centuries of trying to live longer, the time for living better has come. This change in focus has two main

**Leocadio Rodriguez-Mañas, Linda P Fried*

Lancet 2015; 385: e7-9

TITLE: THE THIRD TRANSITION – the Clinical Evolution oriented to the Contemporary Older Patient

Authors and affiliation

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Alan J Sinclair, MD, PhD

Diabetes Frail Ltd, UK and University of Aston, UK

JAMDA, 2017



**TRANSICIÓN
DEMOGRAFICA**



**TRANSICION
EPIDEMIOLOGICA**



**TRANSICION
CLINICA**

La función como marcador del objetivo terapéutico

CUIDADOS CENTRADOS EN

Prevenir la
fragilidad

Prevenir la
Discapacidad
Tratar la
Fragilidad

Prevenir la
Discapacidad
Tratar el
Declinar
Funcional

Prevenir la
Dependencia
Tratar la
Discapacidad

Manejar la
Dependencia

Potencial reversibilidad del
Declinar funcional

	Robusto	Frágil	Limitación Funcional	Discapacidad	Dependencia
Definición					
Intervenciones	Qué Cómo Dónde ?	Qué Cómo Dónde ?	Qué Cómo Dónde ?	Qué Cómo Dónde ?	Qué Cómo Dónde ?

¿QUE HACER?

Estandarización de intervenciones en el proceso de cuidado integral continuado



Cribado/diagnóstico



Intervención precoz

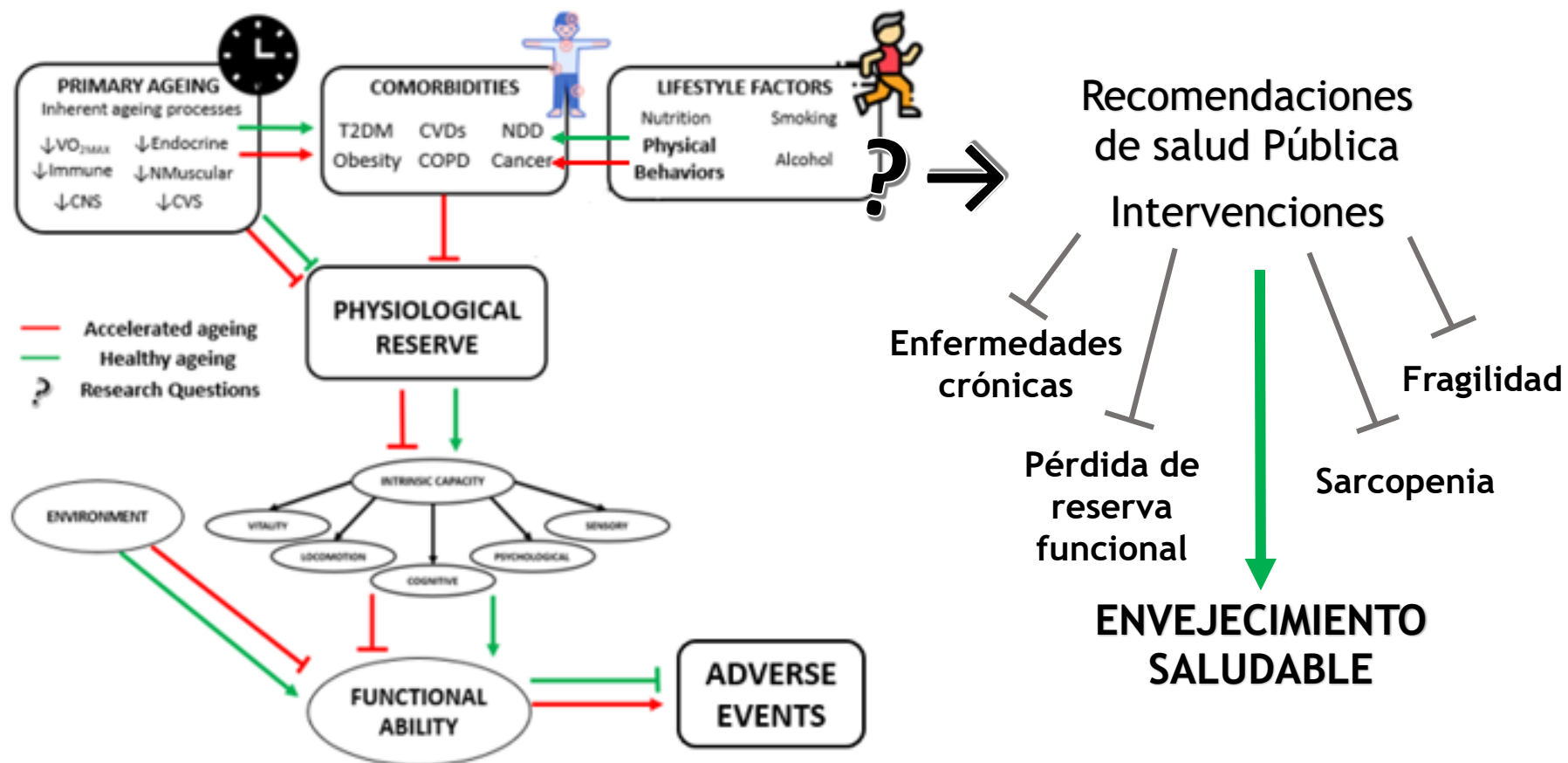


Seguimiento

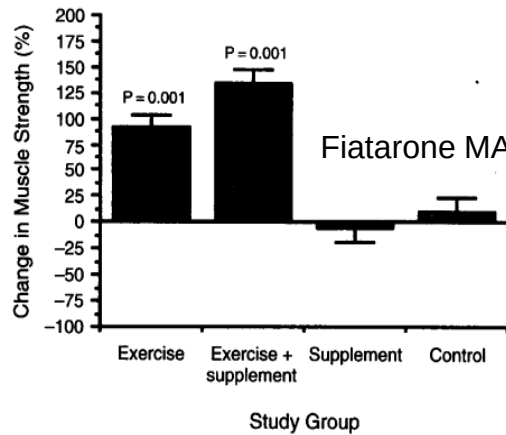
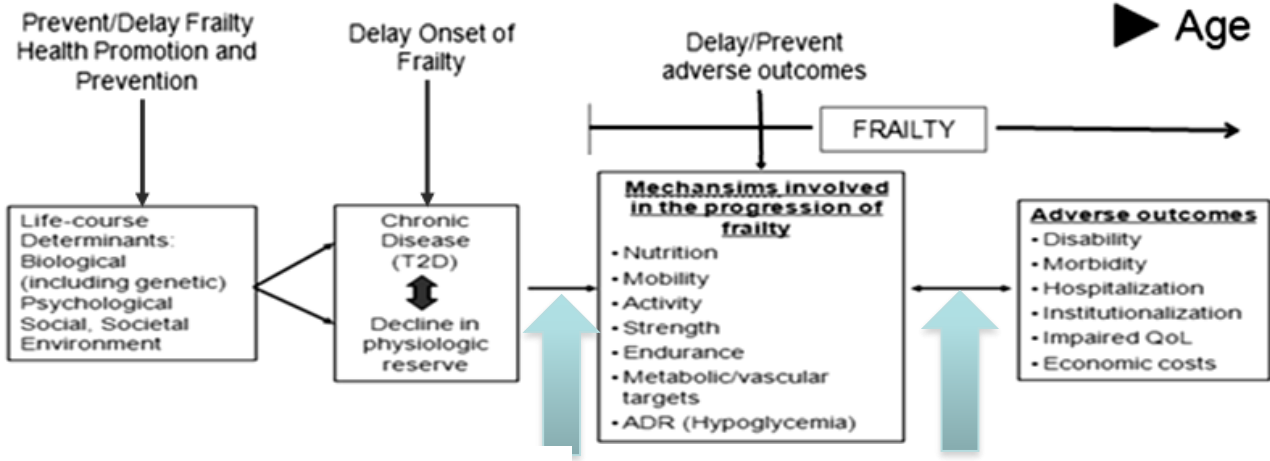
- Valoración funcional
- Valoración nutricional
- Valoración actividad física
- Enfermedades y condiciones crónicas
- Fármacos
- Hábitos tóxicos
- Entorno

VALORACION
GERIATRICA
INTEGRAL

¿QUÉ HACER?



Frailty: a Syndrome of Increased Vulnerability



Fiatarone MA et al, NEJM, 1994

INTERVENCION MULTIPLE

Rodriguez-Mañas L et al, J Cachexia Sarcopenia Muscle, 2019

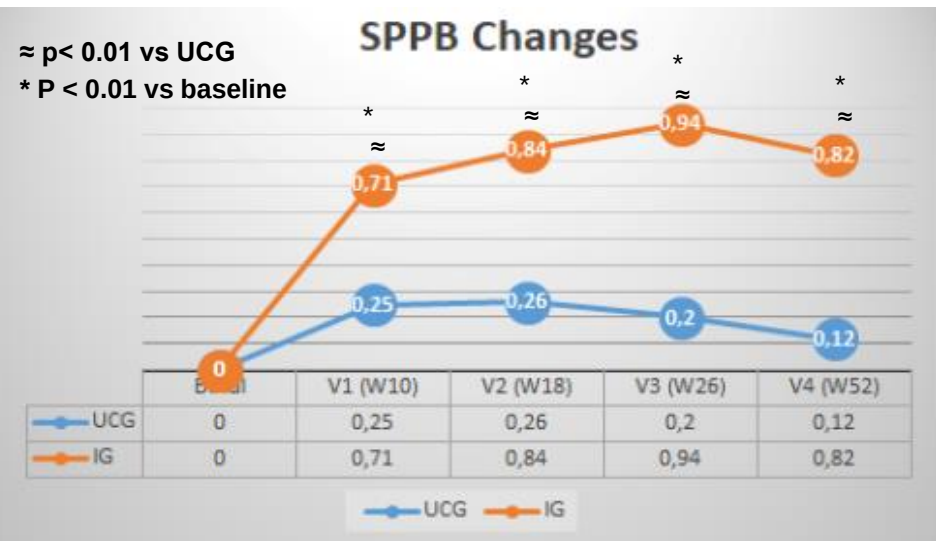
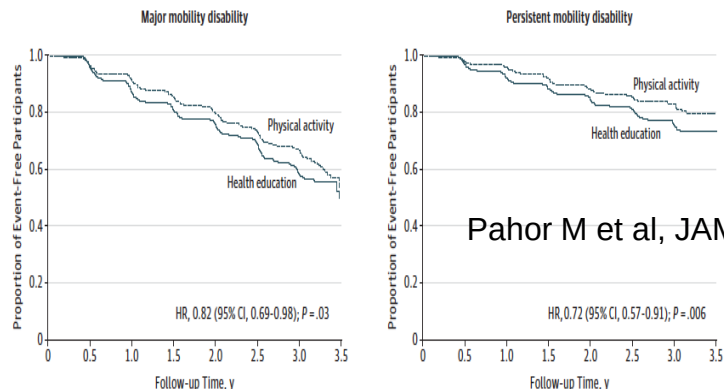
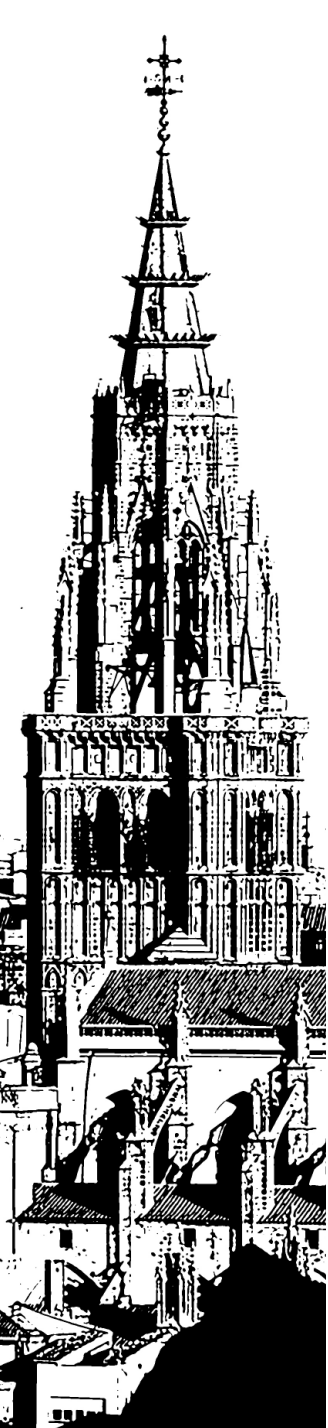


Figure 3. Effect of a Moderate Physical Activity Intervention on the Onset of Major Mobility Disability and Persistent Mobility Disability

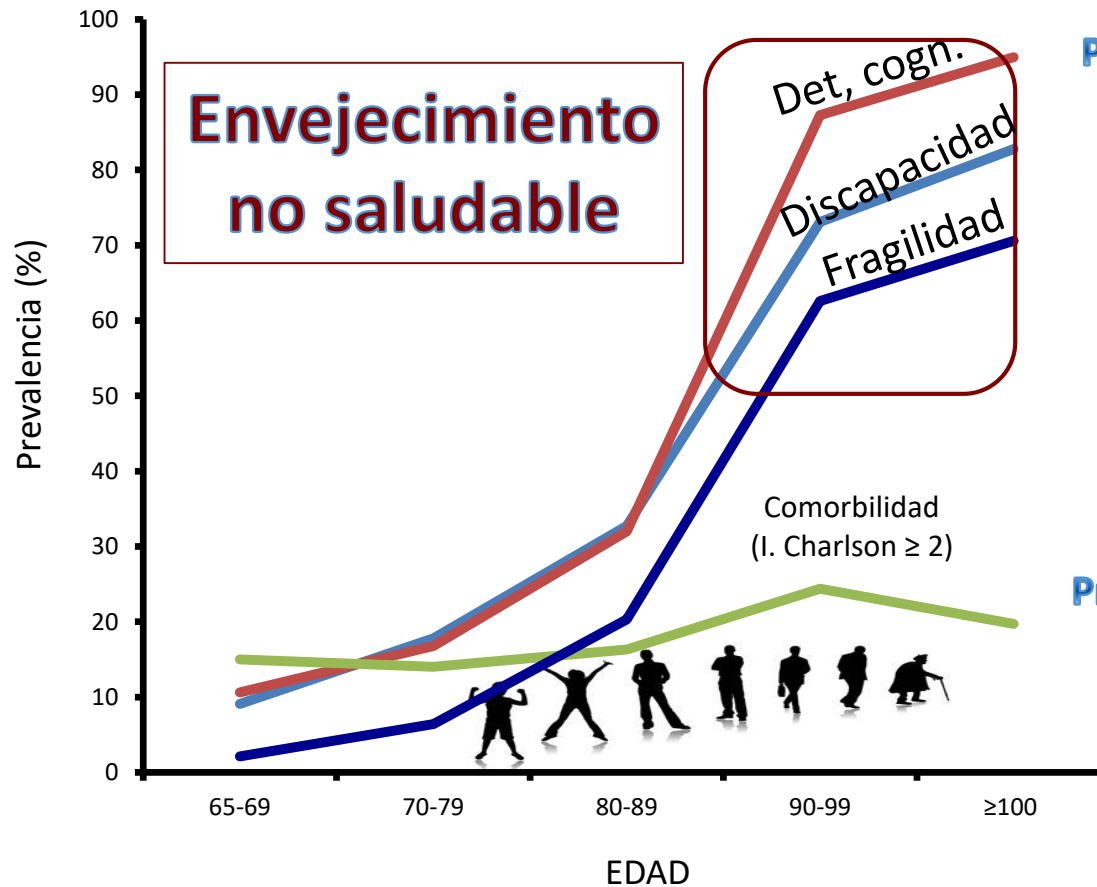


Pahor M et al, JAMA 2014



TSHA

TSHA-Plus



Programas centrados en la función



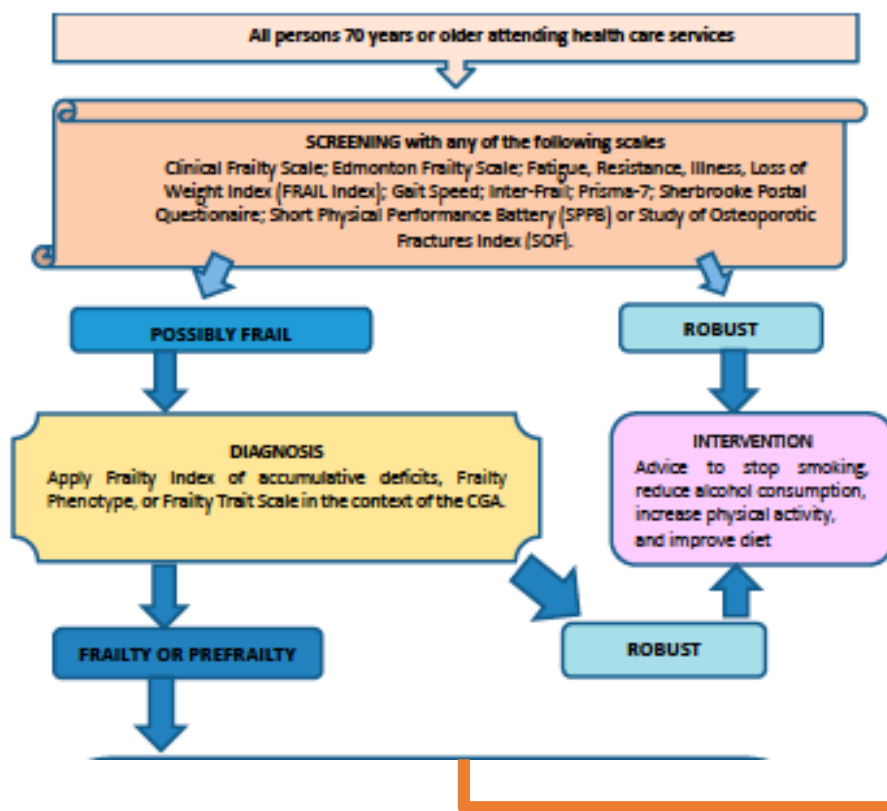
Programas centrados en la enfermedad



A Joint Action with **22 Member States** and **35 organizations** involved

Manejo del Adulto Mayor frágil

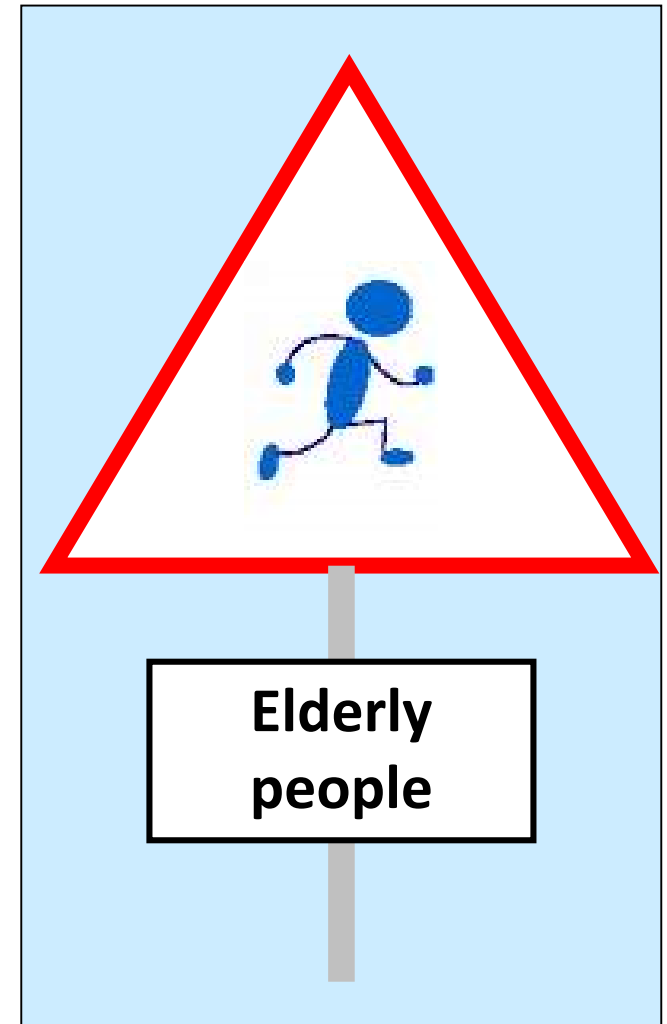
Figure 1. Algorithm for the management of frailty at individual level



MANAGEMENT CONSISTING OF :

- Comprehensive Geriatric Assessment to develop a personalised care plan and carry out a personalized multi-dimensional interventions
- Take into account the frailty or pre-frailty stage to tailor the correct treatment of concomitant diseases.
- Provide structured multicomponent exercise programs (consisting of endurance, flexibility, balance, and resistance training) performed with low to moderate intensity, in 30 to 45 minutes sessions, three times a week. Followed or substituted by exercise programs of strength training: minimum of 8 weeks and medium to high exercise load (from 8 to 12 repetitions, from 30% - 60-70% of maximum intensity).
- Assess and optimise nutrition (Mini Nutritional Assessment)
- Apply tools to minimise risk from inappropriate drugs and polypharmacy (Beers criteria, STOPP-START or Laroche criteria).
- Advise patients with a body mass index greater than 35 kg/m² to achieve a moderate weight loss of 0,5-1 kg per week or 8-10% of initial body weight after 6 months, with a final target of a body mass index between 30-35; always combined with physical activity and/or physical exercise.
- Considerer Vitamin D supplementation in frail patients who are at high risk for falls and fracture level and with a 25-OH vitamin D level < 30 ng/ml, with doses of 20 to 25 µg/day (800 to 1000 IU/day) of vitamin.
- ICT solutions should also be considered and advised to enable self-management and promote independence.

NUESTRO PRINCIPAL OBJETIVO CUANDO ATENDEMOS ADULTOS MAYORES ES:



MUCHAS GRACIAS



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