



**La atención a las personas mayores durante y después de la COVID19
¿que deben saber los profesionales de salud en el primer nivel de atención?**

Programa de Ejercicio Multicomponente – Vivifrail

22 de Octubre, 2020



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Disclosures

**No relevant financial
relationships exist**

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Guión:






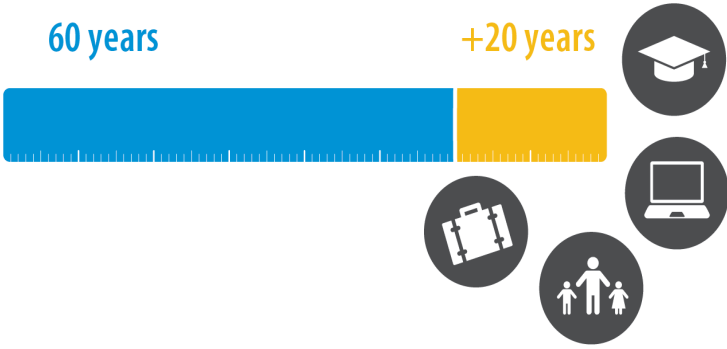
- **Candidatos distintivos de envejecimiento habitual y cambios fisiológicos multisistémicos que ocurren** (es decir, pérdida de masa muscular y deterioro funcional)
- **Importancia Clínica de la valoración de la fuerza y capacidad funcional**
- **Ejercicio físico para los mayores: cuanto antes mejor, pero nunca demasiado tarde**
- **Hospitalización y Ejercicio físico: Seguro y Efectivo**
- **Vivifrail programa de Ejercicio físico Multicomponente**
- **Mensajes para llevar a casa.**

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How we will be these extra years ...



60 years **+20 years**



...depends on Healthy Aging

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Candidatos distintivos del envejecimiento: ¿qué sabemos?

(Adaptado de López-Ortín, 2013 en Valenzuela et al. 2019)



Epigenetic drift	Telomere loss	DNA alterations	Defective proteostasis	Nutrient-sensing and anabolism	ROS production	Cellular senescence	Stem cell exhaustion	Altered intercellular communication
<ul style="list-style-type: none"> ↑ DNA methylation ↓ miRNA regulation ↓ Histone PTMs 	<ul style="list-style-type: none"> ↓ Shelterin complex ↓ Telomerase activity ↓ TERT activity 	<ul style="list-style-type: none"> ↑ DNA and mtDNA damage ↑ Multifactorial pathologies ↓ DNA repair ↑ Genomic instability 	<ul style="list-style-type: none"> ↓ Autophagy 	<ul style="list-style-type: none"> ↓ mTOR, AMPK ↓ SIRT, SIRT6 ↓ Testosterone, GH ↓ IGF-1 	<ul style="list-style-type: none"> ↓ Systemic antioxidant ↑ PGC-1, SIRT ↓ respiratory chain complex ↓ mtDNA shifting 	<ul style="list-style-type: none"> ↑ Inflammation ↑ Senescence markers ↑ Apoptosis ↓ SAS cell activity ↑ p16 	<ul style="list-style-type: none"> Decrease in the proliferation and migration of stem cells 	<ul style="list-style-type: none"> ↑ IL-3, TGF-β ↑ TNF-α, IL-6 and MCP-1

• Negative processes that progressively hasten aging

• Antagonistic hallmarks are necessary processes that can become negative if present

• Integrative hallmarks are those that directly affect tissue homeostasis and function



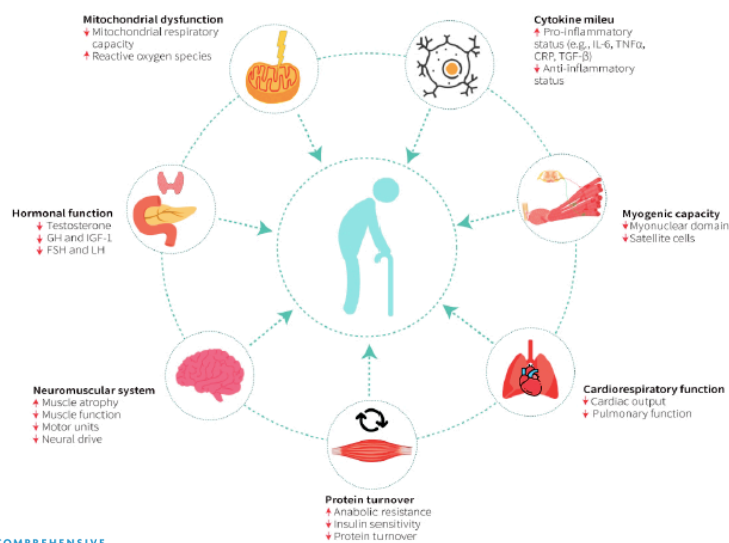
Valenzuela et al. 2019

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Multisystem physiological changes that occur with aging and that eventually result in loss of muscle mass and functional decline

(Valenzuela et al. 2019)



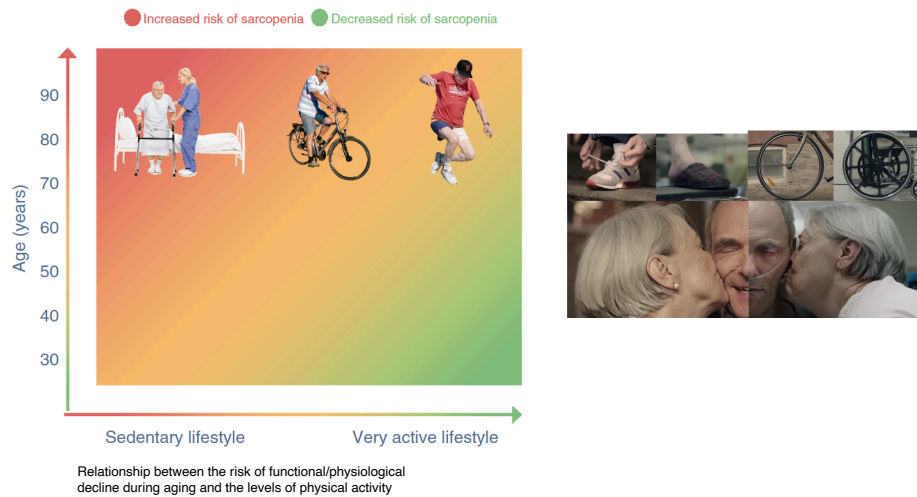
Lazarus et al. 2018



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Ejercicio para personas mayores: Cuanto antes mejor, nunca es demasiado tarde



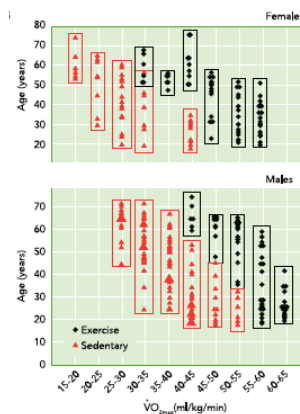
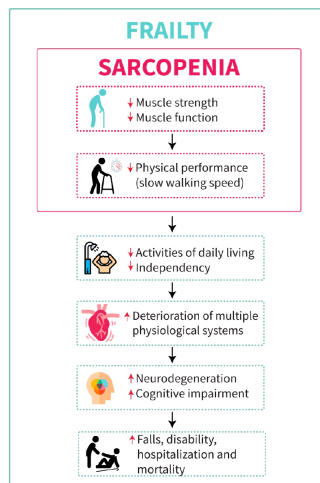
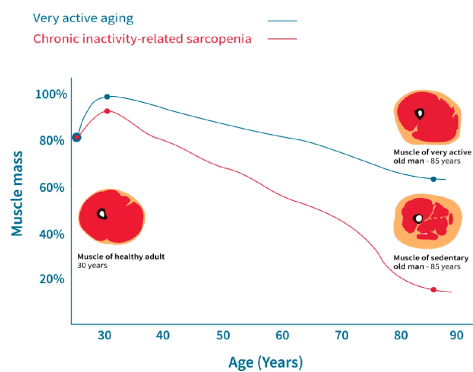
COMPREHENSIVE PHYSIOLOGY Valenzuela et al. 2019

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Relationship between sarcopenia, frailty and overall functional decline in the elderly.

(Valenzuela et al. 2019)



Valenzuela et al. 2019

COMPREHENSIVE PHYSIOLOGY

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Does exercise prevent the effect of aging?

Nervous system

- ↑ Neurogenesis
- ↓ Neurodegeneration
- ↓ Cognitive impairment

Musculoskeletal system

- ↑ Muscle strength
- ↑ Muscle quantity/quality
- ↑ Motor control

Respiratory system

- ↑ Ventilation
- ↑ Gas exchange

Metabolism

- ↑ Muscle protein synthesis
- ↑ Resting metabolic rate
- ↑ Fat oxidation

Cardiovascular system

- ↑ Cardiac output
- ↓ Blood pressure
- ↑ Blood flow
- ↑ Autonomic function

Body composition

- ↑ Muscle mass
- ↓ Fat mass
- ↓ Bone mineral density

Exercise as Medicine

COMPREHENSIVE PHYSIOLOGY

Valenzuela et al. 2019

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Effects of exercise interventions on the functional status of acutely hospitalised older adults: A systematic review and meta-analysis

STUDIES

15 studies from 12 RCTs (n=1748 participants)

POPULATION

Older adults (~67 to 88 years) hospitalised for an acute medical condition during ~4 to ~13 days

EXERCISE INTERVENTION

5-7 days per week, 15-30 minutes per session
Mobility, resistance or multicomponent exercise

e.g., walking e.g., sit to stand

MAIN FINDINGS

↑ **Functional independence at discharge^a and 1-3 months post-discharge^b**

^a(SMD=0.64, 95%CI=0.19-1.08)
^b(SMD=0.29, 95%CI=0.13-0.43)

e.g., personal toileting

↑ **Physical performance at discharge**

(SMD=0.57, 95%CI=0.18-0.95)

e.g., gait speed

CONCLUSION In-hospital exercise interventions seem overall safe and effective for improving functional independence and physical performance in acutely hospitalised older adults.

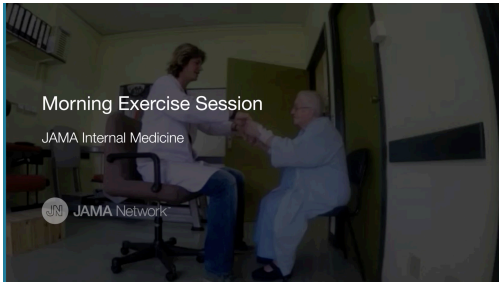
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JAMA Internal Medicine | Original Investigation

Effect of Exercise Intervention on Functional Decline in Very Elderly Patients During Acute Hospitalization



A Randomized Clinical Trial

Martinez-Velilla et al 2019

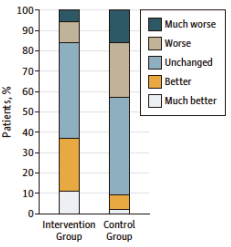


Morning Exercise Session
JAMA Internal Medicine
JAMA Network

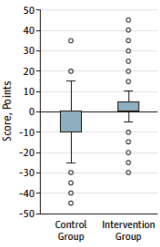
MULTI-COMPONENT PHYSICAL EXERCISE PROGRAM

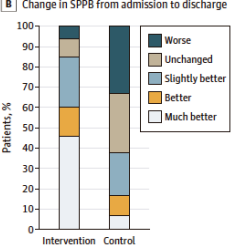
A Change in Barthel index from admission to discharge



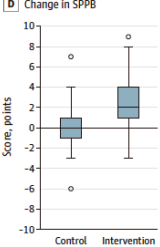
C Change in Barthel index




B Change in SPPB from admission to discharge



D Change in SPPB



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EUROPEAN RESPIRATORY journal


FLAGSHIP SCIENTIFIC JOURNAL OF ERS

Tailored exercise is safe and beneficial for acutely hospitalised older adults with COPD

TABLE 1 a) Baseline characteristics of study participants and b) results of primary and secondary end-points

	Control (n=40)		Exercise intervention (n=44)		Between-group difference (95% CI)
	Pre-intervention	Post-intervention	Pre-intervention	Post-intervention	
Primary					
SPPB score ^a	4.7±2.7	4.7±2.9	4.7±2.2	4.8±3.0	-2.1 (-2.9 to -1.3)
Barthel index score ^b	83.2±16.1	75.9±20.5	83.6±18.2	86.0±15.3	-9.3 (-14.2 to -4.5)
Secondary					
1RM leg press kg	59.8±26.8	57.8±27.5	59.1±24.7	76.1±32.7	-19.0 (-26.2 to -11.9)
GDS score ^c	4±3	5±3	4±2	2±2	2 (2 to 3)
EQ-5D score ^d	58±21	57±20	58±20	47±18	-11 (-21 to -1)
RDW %	15.0±2.5	15.2±2.6	13.8±1.6	14.1±1.9	0.1 (-0.3 to 0.4)
CRP mg L ⁻¹	95.1±27.0	93.8±47.6	78.5±37.7	72.7±55.3	-22.2 (-52.9 to 8.4)

Data are means±SD, unless otherwise stated. Forced expiratory volume in 1s (FEV₁), forced vital capacity (FVC) and FEV₁/FVC are expressed as percentage of normal age-predicted values. BMI: body mass index; CIRTS: Cumulative Illness Rating Scale-Geriatric; SPPB: short physical performance battery; 1RM: one-repetition maximum; GDS: Geriatric Depression Scale; EQ-5D: EuroQol-5 Dimensions questionnaire; RDW: red blood cell distribution width; CRP: C-reactive protein. ^a SPPB ranges from 0 (worst) to 12 (best). ^b Barthel index ranges from 0 (severe functional dependence) to 100 (functional independence). ^c GDS ranges from 0 (best) to 15 (worst). ^d EQ-5D ranges from 0 (worst health status) to 100 (best health status).



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Sports Medicine
https://doi.org/10.1007/s40279-020-01259-y

SYSTEMATIC REVIEW

Safety and Effectiveness of Long-Term Exercise Interventions in Older Adults: A Systematic Review and Meta-analysis of Randomized Controlled Trials

Antonio García-Hermoso^{1,2,3}, Robinson Ramírez-Vélez^{1,3}, Mikel L. Sáez de Asteasu^{1,3}, Nicolás Martínez-Veilla^{1,3}, Fabricio Zambom-Ferraresi^{1,3}, Pedro L. Valenzuela¹, Alejandro Lucia^{2,4,5}, Mikel Izquierdo^{2,6}

- Long-term exercise interventions (≥1 year)
- Dropouts due to health issues and mortality,
- Safety and effectiveness
- n=28,523 participants, 74.2 yrs.

Adverse events and hospitalization

- Number of falls
- Fall-associated injuries
- Fractures
- Hospitalization
- Cognition
- MMSE
- Health-Related Quality of Life
- Physical functioning (SF-36 or SF-12)
- Mental health (SF-36 or SF-12)
- Physical function parameters
- Balance
- Gait speed
- Knee-extension strength
- SPPB
- Sit to stand
- Timed up and Go

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Vivifrail multicomponent physical training for frailty and risk of falls prevention

VIVIFRAIL PROJECT

The project is a program of Physical Exercise that is an international benchmark for community and hospital intervention for the prevention of falls and frailty in elderly. It is currently being used by more than 1000 health professionals working or trained in the Member States of the European Union.

The Vivifrail project is part of the Strategy for the Prevention of Health and Quality of Life in the European Union. In Spain, the Vivifrail project is being implemented by the Ministry of Health and Consumption, as well as in different regional entities.

Also visit the brochure and related videos by the World Health Organization, for its implementation in different countries at risk of aging the population.

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COMPONENTES DEL TEST VIVIFRIL Y PROGRAMAS DE EJERCICIO FÍSICO RECOMENDADO

FUNCTIONAL ASSESSMENT			
<p>Serious limitation DISABLED</p> <p>Cannot walk. In a wheelchair or bed. They normally cannot remain standing up. Cannot sit up.</p> <p>SPPB 0-3 VM (6m) < 0.5 m/s</p> <p style="font-size: 2em; color: red; border: 1px solid red; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 10px auto;">A</p> <p>Serious limitation Disabled</p> <p>Doing these exercises, you'll be able to get out of the chair</p>	<p>Moderate limitation FRAGILE</p> <p>Walks with difficulty or help. Somewhat sits up. Completes balance tests with difficulty.</p> <p>SPPB 4-6 VM (6 m) 0.5 - 0.8 m/s</p> <p style="font-size: 2em; color: orange; border: 1px solid orange; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 10px auto;">B</p> <p>Moderate limitation Fragile</p> <p>If you do these exercises, you will notice great improvement</p>	<p>Slight limitation FRAGILE - PRE-FRAGILE</p> <p>Walks independently. Walking problems. Subtle balance. Some difficulty sitting up 5 times</p> <p>SPPB 7-9 VM (6 m) 0.9 - 1 m/s</p> <p style="font-size: 2em; color: green; border: 1px solid green; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 10px auto;">C1 C2</p> <p>Slight limitation Fragile Pre-fragile</p> <p>The purpose of these exercises is to continue enjoying walking</p>	<p>Minimal limitation or no limitation INDEPENDENT</p> <p>Walks independently. Walking 10' 30" 30' 45"</p> <p>SPPB 10-12 VM (6m) > 1 m/s</p> <p style="font-size: 2em; color: blue; border: 1px solid blue; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 10px auto;">D</p> <p>Minimal limitation or no limitation</p> <p>Don't let your guard down! If you stop, you may quickly get worse</p>

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GUÍA DE PRESCRIPCIÓN VIVIFRIL

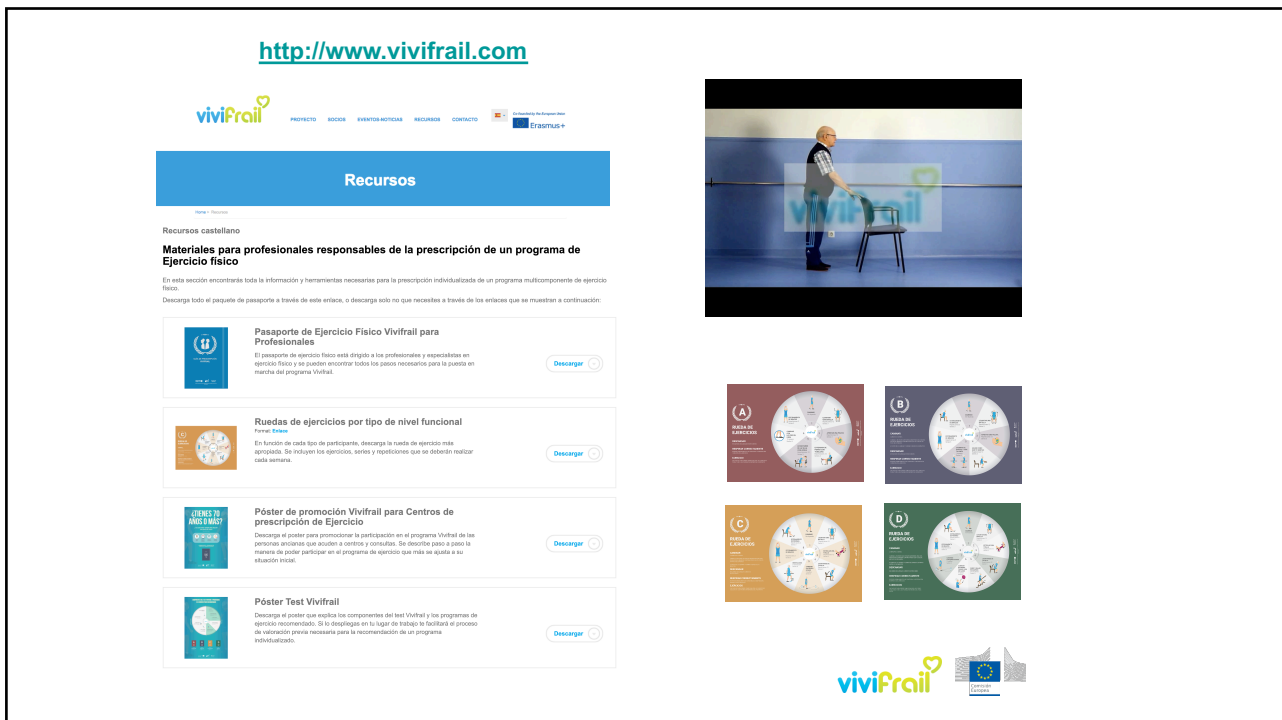
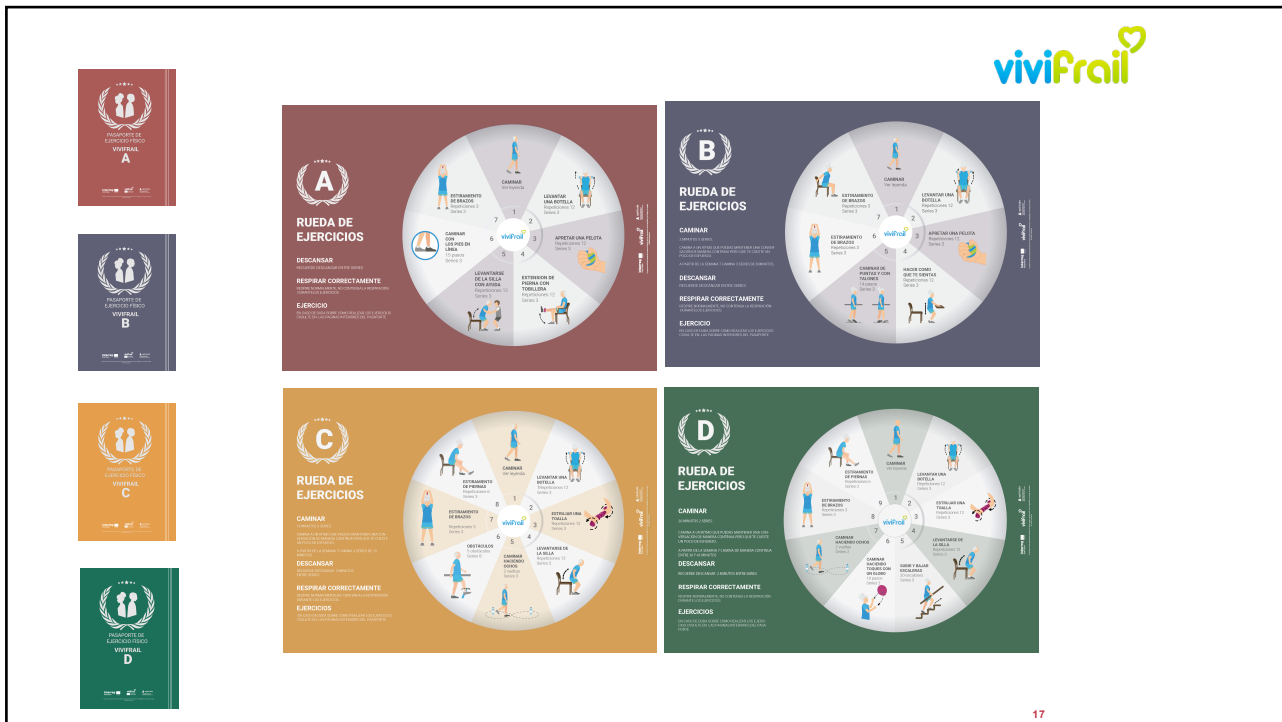
Interreg POCTEFA | vivifrail | aptitude

Programa multicomenzamiento de ejercicio físico para la promoción de la fragilidad y el riesgo de caídas. 18 de febrero de 2020

PASOS PARA LA PRESCRIPCIÓN DEL PROGRAMA DE EJERCICIO FÍSICO

- 1 SELECCIÓN DE DESTINATARIO**
Pueden ser destinatarias del programa de ejercicio físico aquellas personas de 70 años o más; en adelante personas mayores. Revisa el listado de contraindicaciones antes de comenzar con la presentación del programa.
- 2 PRESENTACIÓN DEL PROGRAMA**
Informa a la persona mayor sobre la necesidad de realizar el programa de ejercicio físico. Muéstrale el póster inicial.
- 3 TEST VIVIFRIL**
Realiza el test que se encuentra en la página 5 de esta guía, y muéstrale el póster de los componentes del Test Vivifrail y los programas de ejercicio físico recomendados.
- 4 PRESCRIPCIÓN**
Comunícale el resultado que ha obtenido en el test. Entrégale el pasaporte correspondiente, y explicácelo.

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www.vivifrail.com



Programa multicomponente de ejercicio físico para la prevención de la fragilidad y el riesgo de caídas.
© Mikel Iquiedo



OPS Organización Panamericana de la Salud / Organización Mundial de la Salud / Organización de los Estados Americanos

NAVARRABIOMED Universidad Pública de Navarra

ciberfes Centro de Investigación Biomédica en Red: Fragilidad y Envejecimiento Saludable

Nafarroako Gobernua / Gobierno de Navarra / Osasun Departamendua / Departamento de Salud

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Mensajes para llevar a casa (1/3)



Inactividad física es un factor clave .

Tener mala salud, discapacidad y dependencia NO son consecuencias inevitables del envejecimiento



La promoción de un estilo de vida saludable, evitar el sedentarismo y el ejercicio físico han demostrado ser efectivos para los adultos mayores frágiles, mejorar su independencia y probablemente incurrir en menores costos relacionados con la salud.

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Take home messages (3/3)



Exercise in people over 85

Advanced age is no barrier to the benefits of tailored exercise

Mikel Izquierdo professor^{1,2}, John E Morley professor³, Alejandro Lucia professor^{2,4}



Generalists should advise all patients, regardless of age, to be as active as possible. It is never too late—and you are never too old—to contract muscles, say [@mikelizquierdo_@drjohnmorley](#) and Alejandro Lucia

Traducir Tweet



Exercise in people over 85
Advanced age is no barrier to the benefits of tailored exercise Societies are progressively ageing, and people aged ≥85 years, who are projected to more ...
[@bmj.com](#)



"In an era of complex regenerative medicine, we must not forget the simple message: exercise is not just for children and younger adults, people of advanced age can adapt to exercise and deserve to benefit from it."
[@mikelizquierdo_@drjohnmorley](#)



Exercise in people over 85
Advanced age is no barrier to the benefits of tailored exercise Societies are progressively ageing, and people aged ≥85 years, who are projected to more ...
[@bmj.com](#)

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¿Quieres saber más?

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 #mikelizquierdo_

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viviFrail

<http://www.vivifrail.com>

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