



Policy actions supporting Active and Healthy Ageing

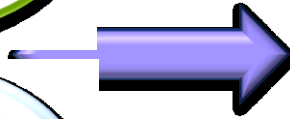
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Nutrition, physical activity & healthy & active ageing.....



- *Definition/risks*
- *Is there a case for this issue?*
- *Common challenges & interventions*
- *Key actions for a EU policy*
- *EU strategies: EIP & Research*
- *AG on Frailty prevention*
- *Focus areas & examples*
- *Preliminary achievements*





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Malnutrition

"The cellular imbalance between the supply of nutrients & energy and the body's demand for them to ensure growth, maintenance, & specific functions."

(WHO)

Contributing Factors

AGEING :

↓ smell; ↓ taste; ↓ lack of teeth; ↓ secretion of saliva; ↓ gastric acid secretion; ↓ production of digestive enzymes; ↓ absorption capacity of the bowel; slower progression of food in the bowel; impaired regulation of food intake; anorexia

INTRINSIC:

Oral problems: ulcers, candida

Gastrointestinal: esophagitis, peptic ulcer, atrophic gastritis, constipation, colitis, malabsorption

Neurological : dementia, Parkinson, depression, cerebrovascular ds.)

Other: endocrinological; cardiac failure; renal failure; infections, cancer.

Physiological : alcoholism, bereavement

EXTRINSEC:

Social factors

Medicines intake

Polypharmacy



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Is there a case for tackling malnutrition at EU level ?

↑ **Prevalence**



Malnourished

5-20% in home care
15-35% in hospitals
10-75% in nursing homes

At risk

32% in community
47% in hospital

↑ **Consequences**

↑ health care costs : *170 billion in Europe*

↓↓ healthy & active life

↑ risks & adverse clinical outcomes (frailty/sarcopenia/ infections/wound healing)

↑ length of stay at hospital / ↑ long term care

Intervention

Most malnutrition is preventable & manageable & relatively inexpensive

- Awareness & education (general population, professionals, care-givers, managers, policy)
- Screening, assessment, treatment, monitoring
- Concerted, coordinated management & policy action



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Malnutrition, still a common challenge at EU level

SCREENING/ ASSESSMENT	MANAGEMENT	RESEARCH
<p>Screening & monitoring for nutritional status as an integral part of care.</p> <p>Early detection of those at risk of under-nutrition.</p>	<p>A multi-disciplinary approach in clinical & community settings.</p> <p>Explicit quality standards for the delivery of good, adequate and safe nutritional care.</p> <p>Improve level of knowledge of professionals.</p>	<p>Clues for new nutritional products or nutrition supplements.</p> <p>Research on the mechanisms linking specific nutrients or dietary patterns to frailty.</p>
<p>Improve the level of screening & assessment of malnutrition in clinical settings and treat timely & adequately.</p>	<p>Identify & implement incentives for stakeholders to support change in the desired direction.</p> <p>Scale-up of good practices that help overcome barriers to adequate diagnosis & treatment.</p>	<p>Clinical trials using nutritional interventions to prevent and treat frailty in older subjects.</p> <p>Clinical trials using multifactorial interventions integrating nutrition & other treatments, e.g. exercise against frailty.</p>



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European Innovation Partnership 'grass roots' models of excellence



6 Action Groups

3,000 partners & 300 leading organisations

>300 Good Practices

32 reference sites with evidence-based innovation

30 million citizens,
>2 million patients



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Pooling Resources

Action Group work

Action Areas

- A1. Prescriptions and adherence to treatment
- A2. Preventing falls
- A3. Preventing functional decline & frailty**
- B3. Integrated care incl. remote monitoring
- C2. Independent Living
- D4. Age-friendly cities and environments

Mapping of
innovative
practices

Deliverables

Better professional
cooperation: standards,
guidelines

Practical
Toolkits

Local
Implementation

provide input and
expertise through an
open collaboration

Commitments of the partners

Implementation on
large scale

More integrated,
more efficient
services





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Action Group on Frailty works to....

Shift the approach from reactive disease management to screening, triage, anticipatory care and prevention of functional decline.

Innovative, coordinated and comprehensive community based prevention, assessment and integrated case management systems delivered within an integrated health and care system.





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Focus Areas and Examples: **Nutrition**

Nutrition

Frailty in general

Physical activity

Cognitive decline

Functional Decline

Focused on: *Make health and nutrition national and EU priority; Raise awareness of nutrition for health; Implement screening for malnutrition; Implement targeted interventions; Get recognition of the role of hydration, supplements, technology and screening.*

Examples:

Screening programme to identify food habits for disease prevention. Spain, Portugal,

Elucidating the molecular mechanisms by which natural products retard the onset of frailty and functional decline. Portugal, Spain, Italy

Create and market appropriate **foods or diet supplements** to reduce frailty and maintain sensory perception. Campania, Italy



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Good practices on ...

Malnutrition

- Screening for malnutrition.
- Delivering information to general population, patients and care-givers.
- Analyze the association between malnutrition, muscle strength and frailty.
- Protocols for better nutrition & food intake habits.
- Creating linkages between the health care system & the community.
- Research lines for special foods, functional foods, & dietary supplements.
- Research in the fields of biomarkers, functional food & dietary supplements.
- Developing nutrition based interventions to diminish frailty & cognitive decline.

Physical activity

- Examine the feasibility, validity & reliability of physical fitness tests.
- Develop training programmes & guidelines on physical activity for older people.
- Promotes incorporation of physical activity to daily life routine.
- Establishing protocols or guidelines in specific topics.
- Creating linkages between the health care system and the community



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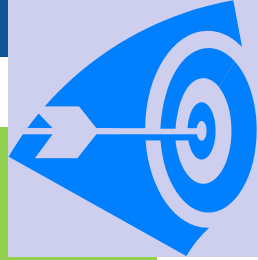
Preliminary achievements of the EIP



- Mapping the **good practices** in the EU (over 300 examples)
- Identification of **benchmarks on physical and cognitive decline**
- Testing of **protocols on frailty** in larger cohorts
- Improvement of **screening methods**
- Building of **international networks** for innovation and evidence development
- Mapping the **risk stratification tools** for targeted care
- Matrix of necessary **ICT services for integrated care**
- **Replication** of best practices in new regions and **scaling-up** existing innovative solutions for healthy ageing.



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Key actions for a EU level policy tackling malnutrition

- 1. Support the rationale at clinical/community settings:
screening > assessment > intervention > monitoring***
- 2. Public awareness and education***
- 3. Mandatory nutrition status screening with standardised tools***
- 4. Nutrition training of health care professionals***
- 5. Quality standards of nutritional care***
- 6. Assess the implementation & impact of interventions***
- 7. Equitable access to safe, effective & timely nutrition support***
- 8. Support research***

Thank you

<https://webgate.ec.europa.eu/eipaha/>