

AUSL Piacenza
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ACTION PLAN

on ***‘Prevention and early diagnosis of frailty and functional decline, both physical and cognitive, in older people’***

06 nov 2012

Your commitment (part 2)

Engagement: underwriting the EIP and its criteria (part 1): Contribution to the activities and the objectives of the EIP on AHA. Please describe a clear link towards the headline indicator (HLY) and the three general objectives (quality of life/health, sustainable care systems, industrial competitiveness) of the EIP.

-open reply-(optional)

The inclusion of cognitive frailty as screening action in the frailty diagnostic criteria is a key component of focus 1: improving the health status and quality of life, allowing identification of reversible cognitive problems related to malnutrition, micronutrient deficiencies, and subclinical hypothyroidism. Identification of cognitive pre-frailty and frailty will introduce personalized co-morbidity therapeutic criteria and a better prevention of adverse neurological outcome e.g. in surgical procedures, thus supporting the long-term sustainability and efficiency of health and social care systems. The actions for development and diffusion of easy-to-use touch-screen devices will involve ICT industrial partners. The screening of cognitive pre-frailty and frailty will also introduce new potential concepts for drug development for cognitive decline related to specific diseases, like Alzheimer dementia, Parkinson's disease and post-stroke cognitive impairment.

... to implementing innovative solutions to better *understand* the underlying factors of frailty, to *explore* the association between frailty and adverse health outcomes in older people and to better *prevent* and *manage* the frailty syndrome and its consequences.

Focus is given on specific issues:

- ‡ better methodology for the **screening of pre-frail status**
- ‡ prevention of status such as malnutrition or lack of regular physical activity that have impact on different components of the frailty syndrome
- ‡ **evidence based interventions** to provide timely and appropriate pathways of care along the Health and Social Systems to avoid incident frailty, its progression to disability and options of care non-fitted to their necessities, including unnecessary hospitalizations and institutional care
- ‡ development of **basic research** on different aspects of frailty, **cognitive decline**, malnutrition and quality of life of frail old people and their carers.

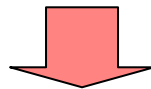


Table 1. Alzheimerology in 2020

Risk assessment at around age 50 and then every 10 years:
History (emphasizing family history) and neurological exam
Brief cognitive screen and neuropsychological testing
Gene screen on "AD risk chip" (+ other familial dementias)
Imaging—A β scan, tau scan, MRI
Blood "A β antibody challenge": basal and evoked A β levels
CSF assays for A β , tau, and other biomarkers
Outcome: a numerical AD risk score

Holtzman et al, 2012

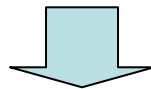
AHA A3, Obiettivi ASSR:

Inclusione della **componente cognitiva** nello screening di fragilit 

Nuovi strumenti per lo screening (sviluppo e validazione)

Implementare i nuovi strumenti di screening nella **struttura ICT del SSR**

Nuovi biomarkers plasmatici



Short-term deliverables (2-3 anni)

Interoperabilit  SSN

Best practice *(da promuovere)*:

- Condivisione dei criteri diagnostici della fragilità e prefragilità
- Condivisione della gestione del MCI (e fragilità cognitiva)
- Linee guida RER diagnostica fragilità e pre-fragilità?

Ricerca:

1. Aggiornamento costante dei progetti in corso
2. Promozione di progetti aggreganti
3. Topics: Stratificazione rischio (es per comorbilità)
prevenzione secondaria (es protocolli anestesiológicos)

Metodo di lavoro. *Es. Smart cities*

OPLON (Opportunities for active and healthy LONgevity)

