



Healthy ageing

WHICH PRIMARY HEALTH CARE INTERVENTIONS WORK



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- Research – Older adults, pharmacology
- Teaching medical school
- Clinical work



Ageing

- Ageing is not a disease but a developmental process
- Affects the burden of health care system
- The population of age 65 and older is expected to double in the next 30 years
- By 2050, more than one quarter (27%) of the European population will be 65 years and older



Healthy ageing

- WHO defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”
- Healthy ageing is the process of optimising equal opportunities for health to enable older people to take an active part in society and to enjoy an independent and good quality of life.



Who is responsible for healthy ageing?

- Government?
- Communities, local governments?
- Family?
- Health care system?
- Primary care?
- Older people themselves?



Role of primary care

- Treat
- Palliate
- Coordinate
- Prevent



Healthy ageing - aspects

- Physical activity
- Falls
- Vaccination
- Loneliness
- Potentially inappropriate medications



Physical activity

- Prevent non-communicable disease and death
- Has positive effects on coronary heart disease
- Reduces the risk of falls
- Improves respiratory and muscular fitness
- Reduces the risk of depression and cognitive decline
- Improves quality of life



Physical activity recommendations

- Older people should do some form of physical activity every day
- At least 30 minutes of moderate intensity physical activity



Physical activity recommendations

- Start at a level that is easily manageable
- Carry on with physical activity provided recommended safety procedures are adhered to.



Physical activity - Interventions

Primary care based interventions work.

Stevens et al Cost-effectiveness of a primary care based physical activity intervention in 45-74 year old men and women: a randomised controlled trial. Br J Sports Med 1998 Sep;32(3):236-41.

10 week personalised program to increase regular physical activity, 8 months follow-up

Increased physical activity

Decreased the number of sedentary individuals



Physical activity - Interventions

Physical activity promotion program for older adults **works.** (Stewart et al. Physical activity outcomes of CHAMPS II: a physical activity program for older adults. J Geront 2001; 8:M465-M470).

Individually tailored program to encourage physical activity

Increased physical activity



Physical activity - Interventions

- Should be based on scientific research.
- or
- Part of research.



Falls

- 35% of older adults fall each year
- 5-10% of falls result in a fracture
- The leading cause of both fatal and nonfatal injuries among older adults, causing severe injuries such as hip fractures, head trauma, and death.
- Disability and fear of falling affect quality of life
- Most falls are preventable



Falls prevention

There is very strong evidence for the use of physical activity programs for falls prevention in older adults.

E.g. the Otago exercise program has been systematically evaluated and reduce the risk of death and falling in older community-dwelling adults. Campbell, J. and C. Robertson, *Otago exercise program to prevent falls in older adults: A homebased, individually tailored strength and balance retraining programme*. 2003, University of Chicago, Otago Medical School: US.



Falls - interventions

Fall prevention efforts targeted at frail adults can reduce the risk of falling and related injuries by about

25 percent. Freedman VA, et al. Promoting Declines in the Prevalence of Late-Life Disability: Comparisons of Three Potentially High-Impact Interventions. *The Milbank Quarterly* Vol. 84, No. 3 (2006).



Falls - interventions

Exercises such as tai chi and strength-building have been proved to be effective in increasing muscular strength and **balance in older adults**. Rose D. "The Role of Exercise in Reducing Falls and Fall-Related Injuries in Older Adults" In *Falls Free: Promoting a National Falls Prevention Action Plan*. Washington, DC: The National Council of the Aging. (2005).



Falls - interventions

- **Fall risk inducing drugs should be avoided.** Milos V, Bondesson Å, Magnusson M, Jakobsson U, Westerlund T, Midlöv P. Fall risk-increasing drugs and falls: a cross-sectional study among elderly patients in primary care. BMC Geriatr. 2014 Mar 27;14:40.
 - Opioids
 - Antipsychotics
 - Benzodiazepines



Vaccination

- Implement national immunization schedules
- Provide data on vaccine-preventable diseases and vaccination coverage among older people
- E.g. pneumococci and influenzae, general vaccination leads to substantial health benefits and to a reduction of mortality from all causes in older **adults**. Christenson et al. Effects of a large-scale intervention with influenza and 23-valent pneumococcal vaccines in adults aged 65 years or older: a prospective study. Lancet 2001;357:1008–1011.



Loneliness

- Occurs in all stages of life
- Prevalence 30-50% in elderly
- Important risk factor affecting the health and well-being
- Increases outpatient visits



Loneliness

- Increased need for health care
- Multiple morbidities
- Depression



Loneliness - interventions

- Be pro-active, identify loneliness.
- Promote the civil engagement of older people.
- Educational and social activity group interventions work.
Cattan et al. Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. *Ageing and Society*, 2005;25:41-67



Medications



Problems associated with medication use by older people

- Polypharmacy and non-adherence
- Suboptimal monitoring of drugs
- Poor medication management at home (for example, storing medicines in unsuitable places)
- Under-prescribing
- Poor communication between health professionals
- Inappropriate prescribing



Potentially inappropriate medications

- Mainly a problem among elderly patients
- Common cause of adverse drug events
- Can be prevented
- Can be adjusted



Potentially inappropriate medications Interventions

- Medication reviews in primary care work

Milos V, Rekman E, Bondesson Å, Eriksson T, Jakobsson U, Westerlund T, and Midlöv P. Improving the quality of pharmacotherapy in elderly primary care patients through medication reviews - a randomised controlled study. *Drugs Aging*. 2013 Apr;30(4):235-46.

- Reduced number of patients with PIMs.
- Reduced number of patients with 10 or more drugs.



Healthy ageing – primary health care interventions work!

- Physical activity
- Falls
- Vaccination
- Loneliness
- Potentially inappropriate medications



Role of General Practitioners

- *Primum non nocere* (ἐπὶ δηλήσει δὲ καὶ ἀδικίῃ εἴρξειν)
- Do good
- Evidence-based
- Research on older adults



Questions?

