Personas con Comorbilidad Cronica Multiple: retos para la salud publica

Dra. Cristina Alonso Bouzón
Asesora Regional, Envejecimiento y Salud (OPS/OMS)
alonsocri@paho.org

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

Guion

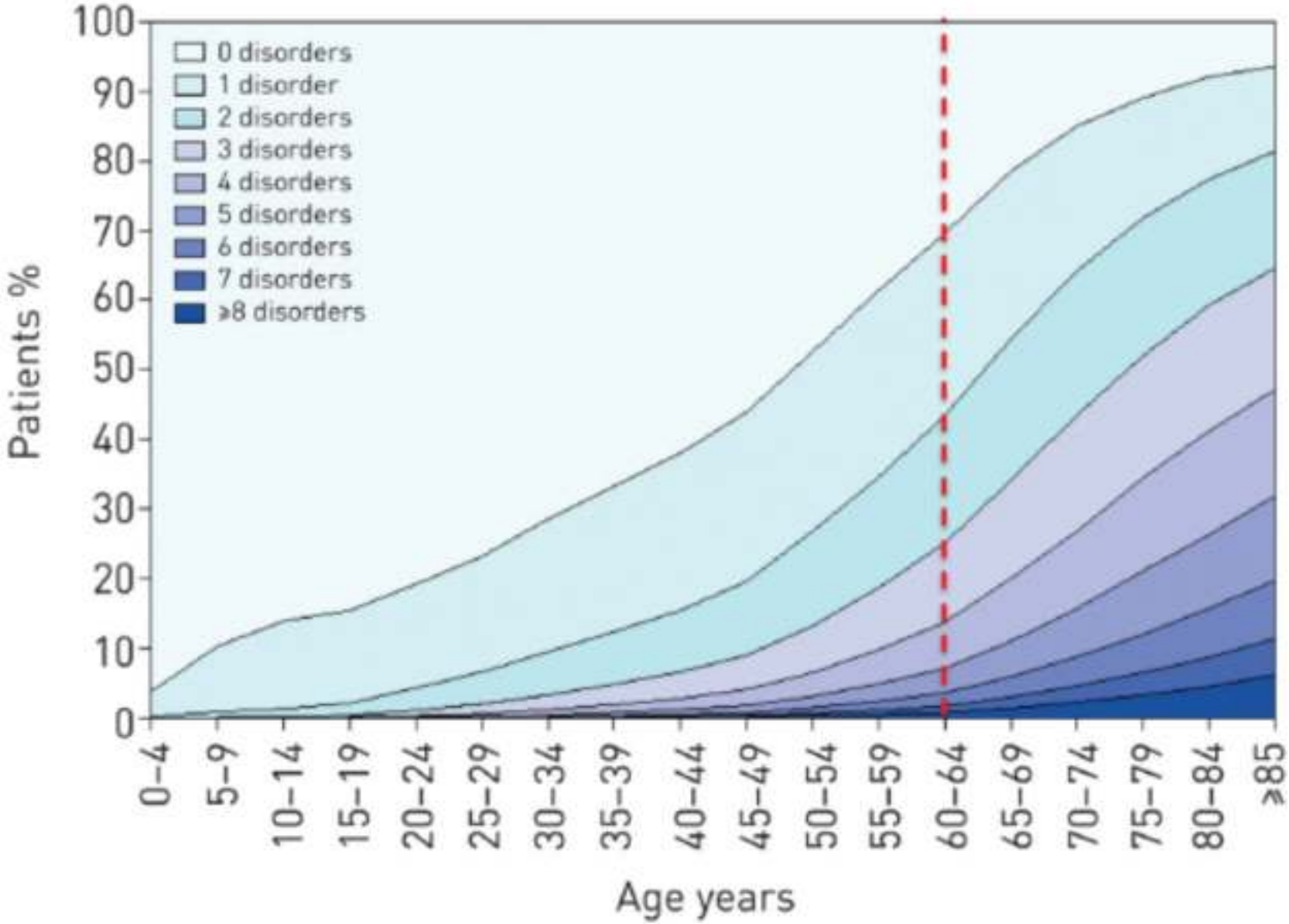
-Introduccion: cual es el verdadero reto?

-Posibles respuestas... Conceptos erroneos

-Cuales son entonces las prioridades?

-Cuales son las oportunidades?

Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas



European respiratory journal. 2014;44:1055-1068

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas



La esperanza de vida de las mujeres romperá la barrera de los 90 años en 2030

El récord lo alcanzarán las surcoreanas, frente a los 88 años de las españolas y los 83 de las estadounidenses

MANUEL ANSEDE

22 FEB 2017 - 00:35 CET



Pilar Fernández, de 101 años, en el garaje de su casa en Ambas (Asturias). EPV / ANDREA COMAS (REUTERS)

"El hecho de que seguiremos viviendo más significa que necesitamos pensar en fortalecer los sistemas de salud y de asistencia social, para apoyar a una población envejecida con múltiples necesidades sanitarias. Esto es lo contrario de lo que se está haciendo en la era de la austeridad", ha proclamado Ezzati en un comunicado del Imperial College. "También debemos pensar en si los actuales sistemas de pensiones serán suficientes o si tenemos que plantearnos retrasar la edad de jubilación".

Pan American Health Organization

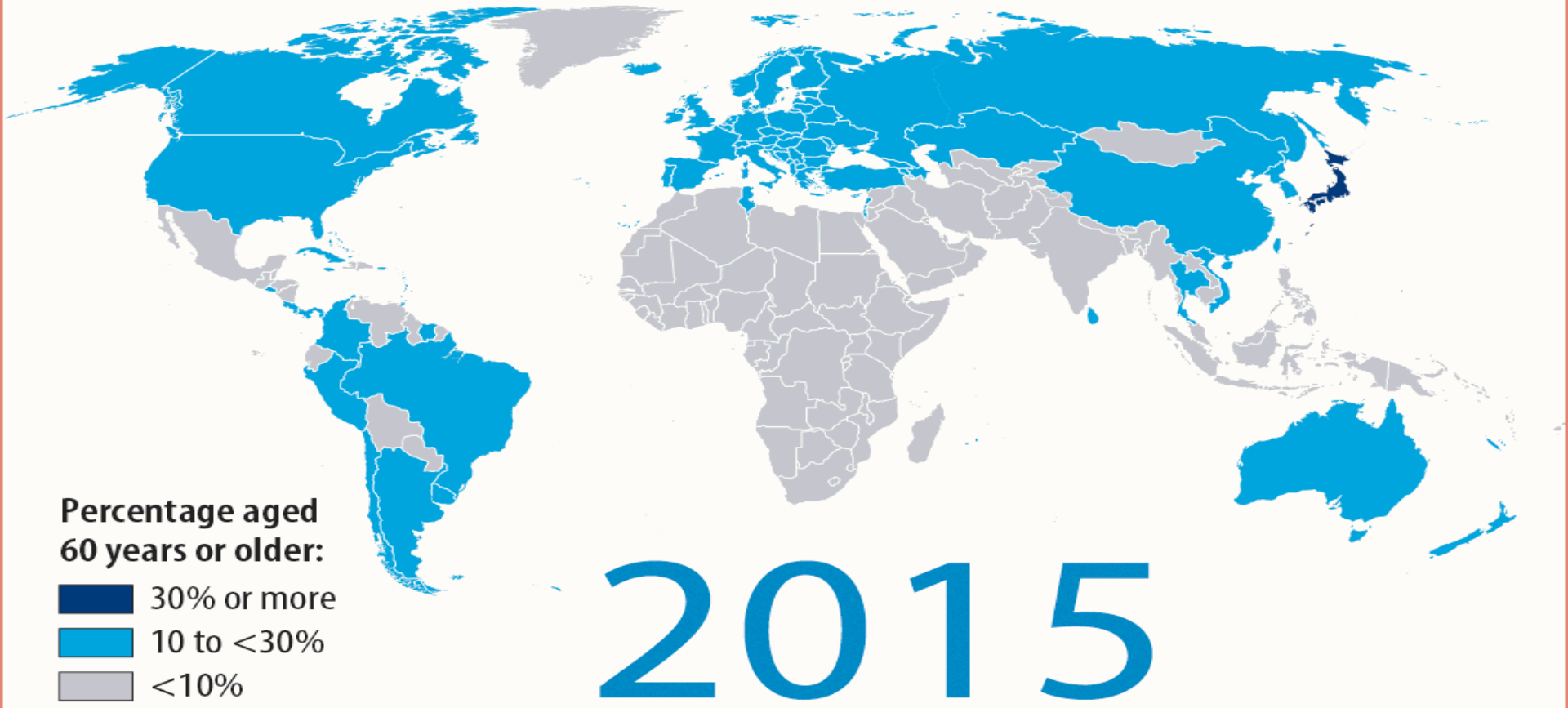
World Health Organization
REGIONAL OFFICE FOR THE Americas



Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

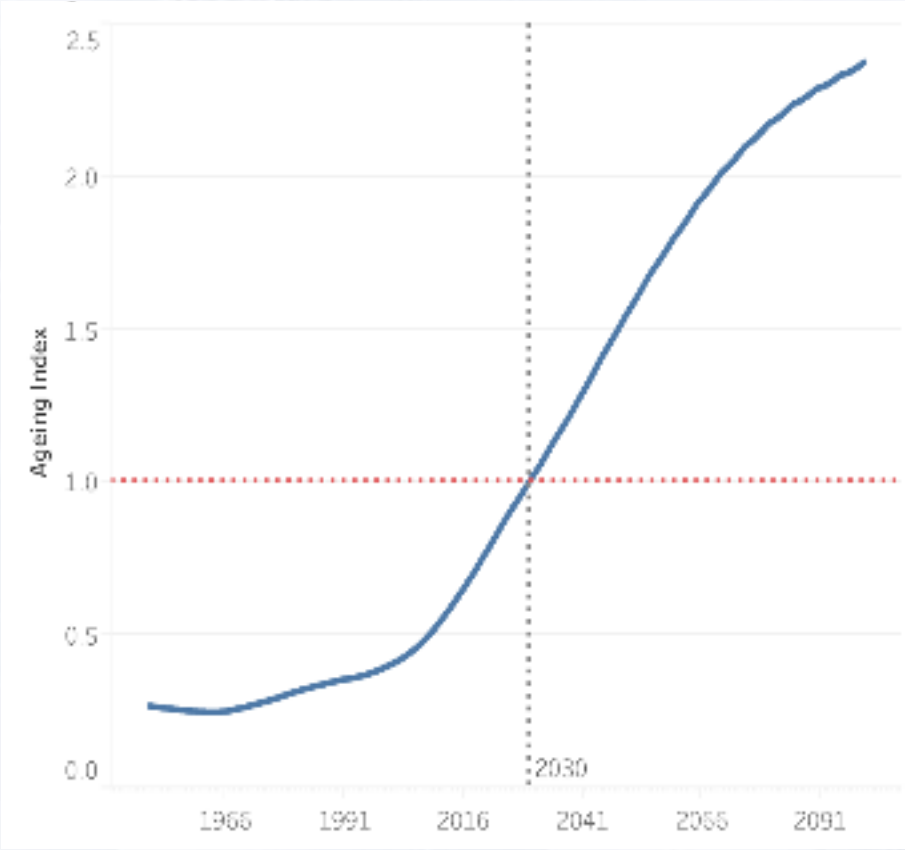
Populations are getting older



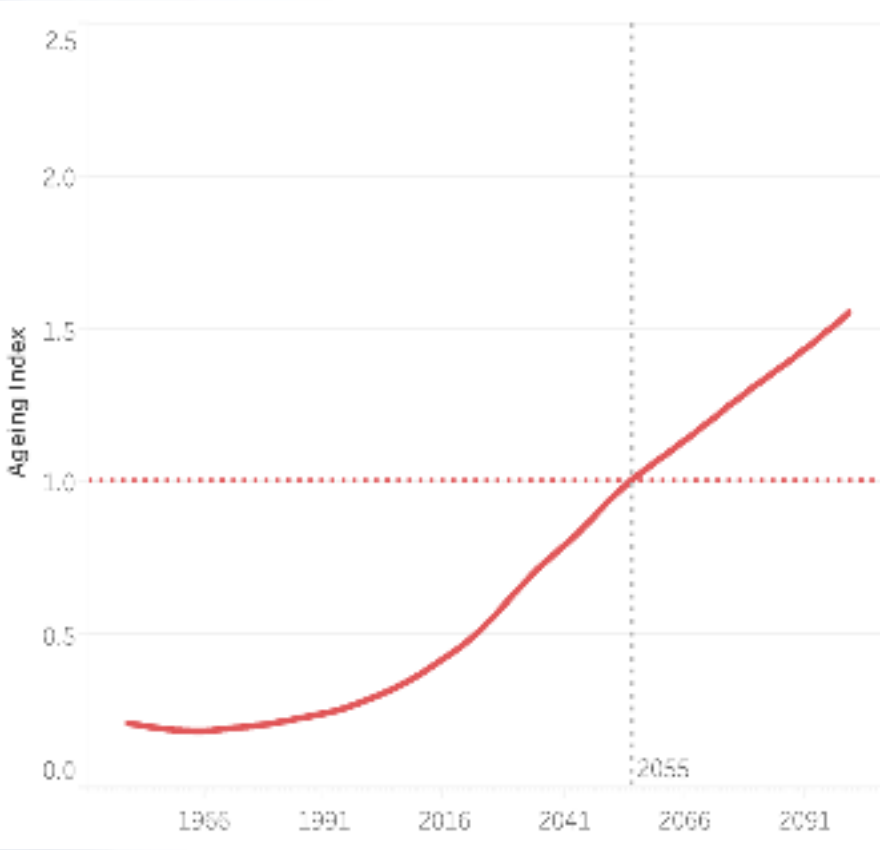
World Health Organization

Indice de Envejecimiento: Tendencias de 1950 al 2100

Región de las Américas



Global

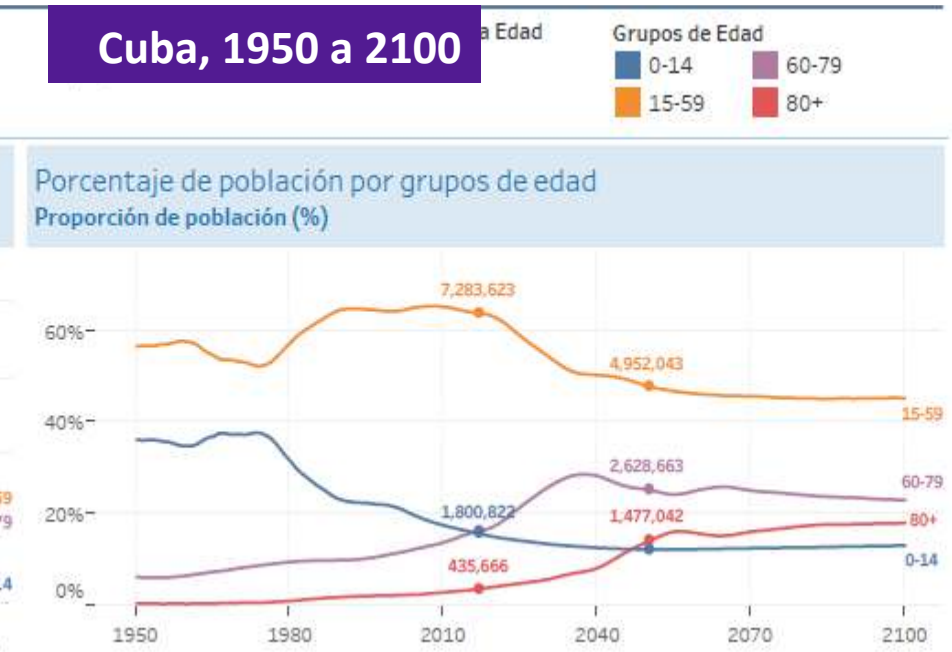


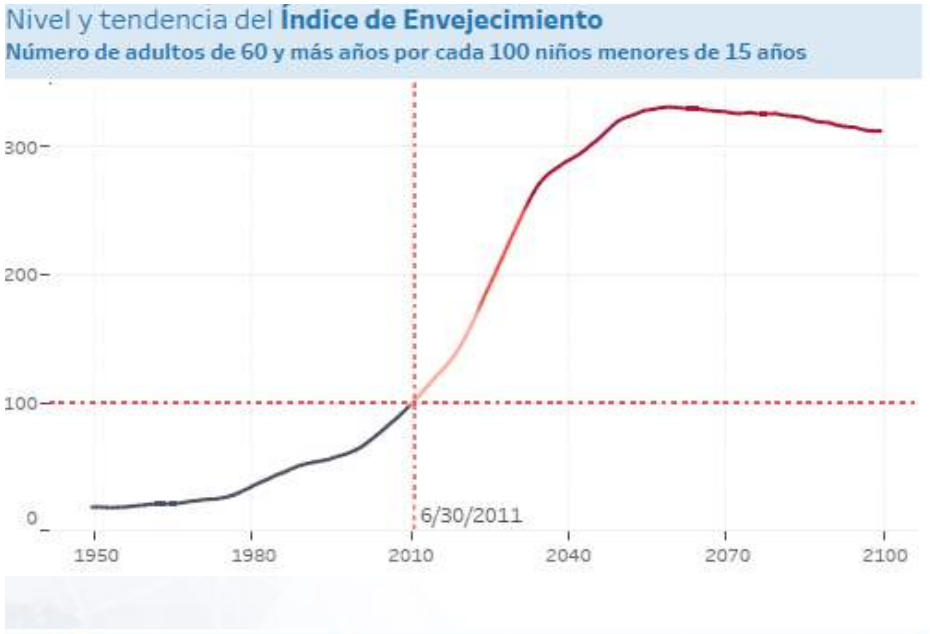
Source: World Population Prospects 2015, United Nations, New York, 2009

Pan American Health Organization

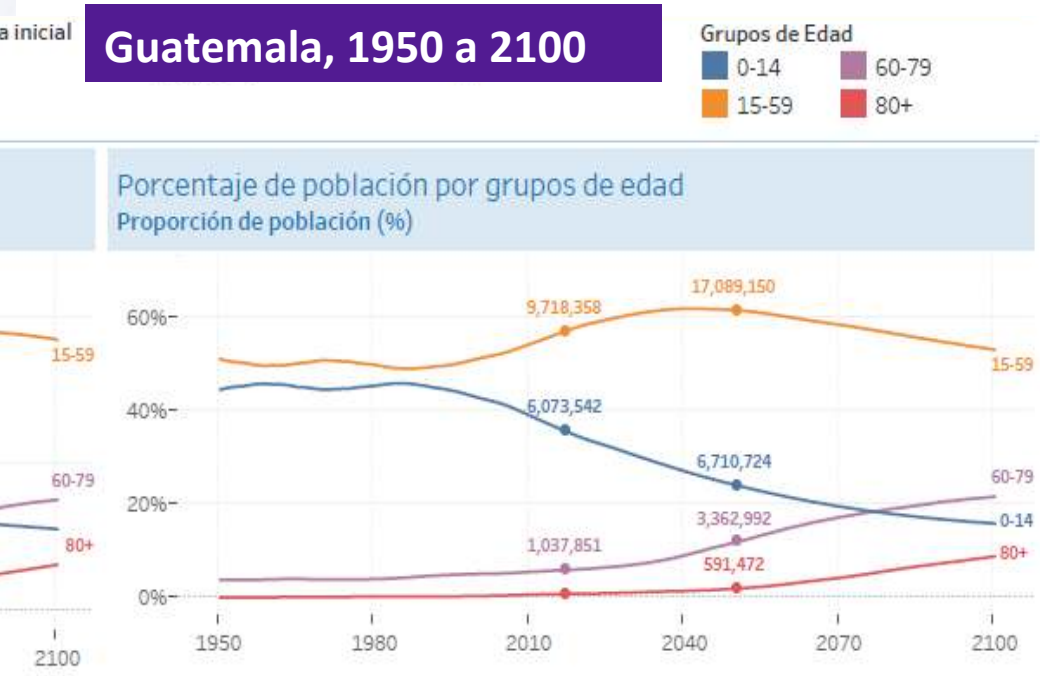
World Health Organization
REGIONAL OFFICE FOR THE Americas

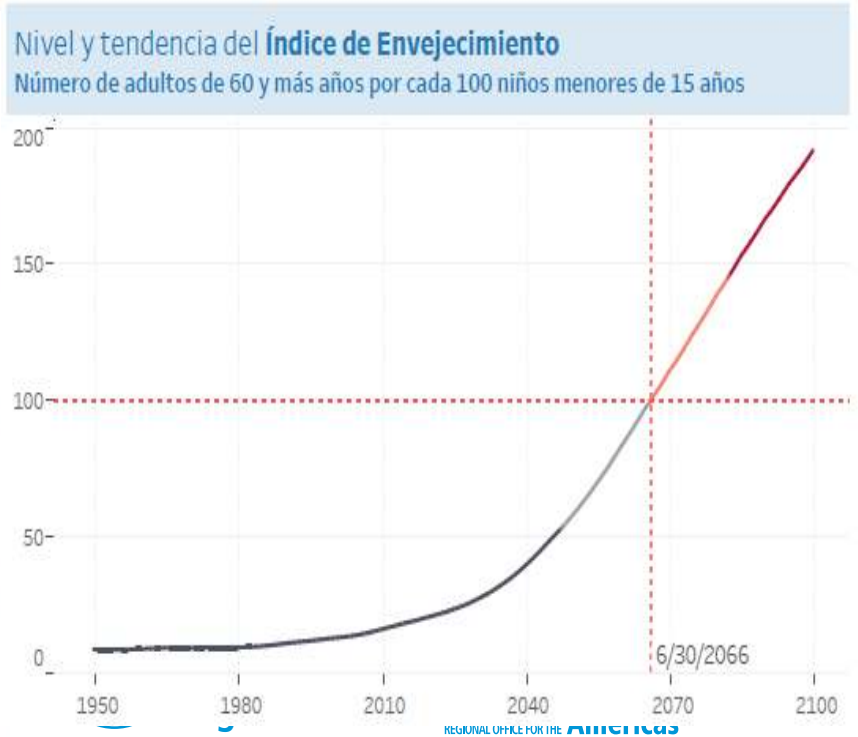
Cuba, 1950 a 2100





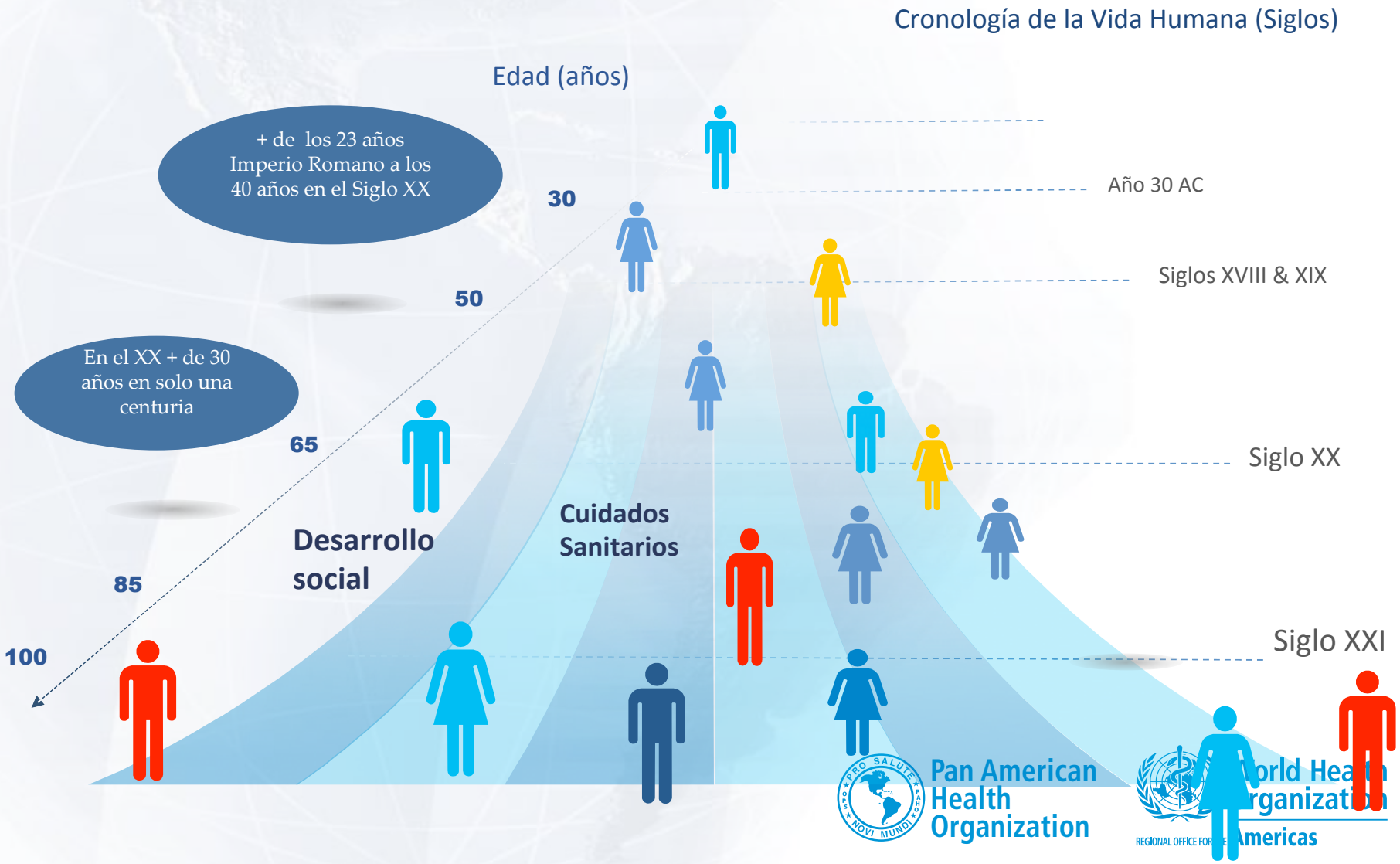
Guatemala, 1950 a 2100



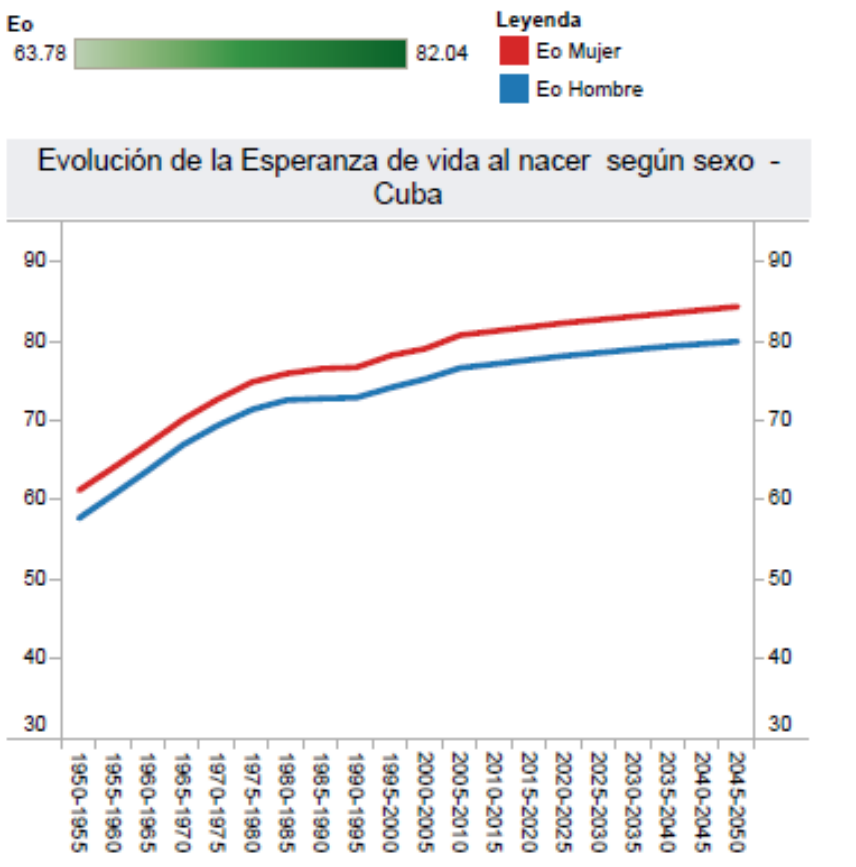


Fuente: Prospectos de la Población Mundial. Revisión 2015. Departamento de Asuntos Ecónomicos y Sociles, División de Población, ONU

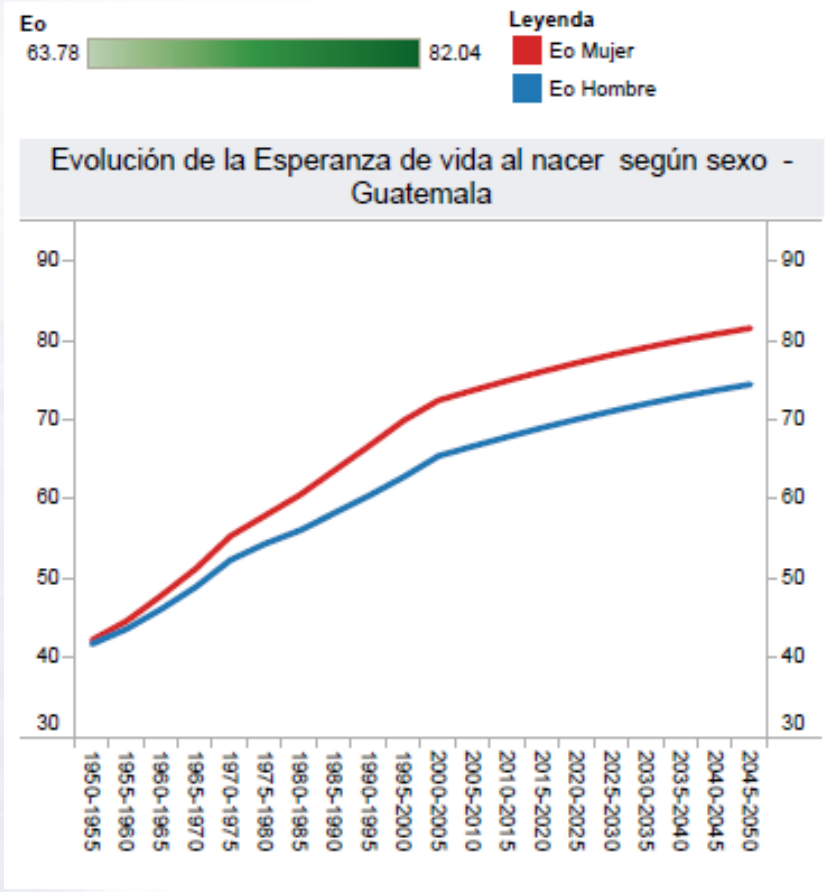
Aumento de la Longevidad



Cuba



Guatemala



Fuente: Prospectos de la Población Mundial. Revisión 2015. Departamento de Asuntos Ecónomicos y Sociles, División de Población, ONU

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

Original Study

The Standardization of Frailty Phenotype Criteria Improves Its Predictive Ability: The Toledo Study for Healthy Aging

Cristina Alonso Bouzón MD [a,*], Jose Antonio Carnicero PhD [b], Jimmy Gonzáles Turín MD [c], Francisco J. García-García MD, PhD [b], Andrés Esteban MD, PhD [d], Leocadio Rodríguez-Mañas MD, PhD [a,c]

Descriptive Analysis: Baseline Characteristics

	All (n = 1645)	Frailty Phenotype Criteria			Standardized-Frailty Phenotype Criteria		
		Robust n = 157	Prefrail n = 1078	Frail n = 401	Robust n = 780	Prefrail n = 725	Frail n = 131
Age (years)	74 (70–78)	70 (68–74)	74 (70–77)	77 (73–81)	72 (69–76)	75 (72–79)	79 (75–83)
Sex (% men)	44.38	64.33	48.79	24.69	47.31	43.45	32.06
Height (cm)	157 (151–164)	162 (155–168)	158 (152–165)	152 (148–158)	158 (152–165)	156 (150–164)	153 (147–159)
BMI (kg/m^2)	28.83 (26.06–31.99)	27.33	28.65	30.06	28.72	28.76	29.78
Ch. Index (%)							
0	46.82	51.59	49.91	36.66	52.82	43.72	28.24
1	25.25	28.66	24.86	24.94	25.00	25.66	24.43
2	15.22	12.74	13.54	20.70	11.92	17.10	24.43
≥3	12.71	7.01	11.69	17.71	10.26	13.52	22.90
Disability (%)							
0	92.12	99.36	96.45	77.69	98.46	92.06	54.62
1	5.36	0	2.81	14.29	1.29	6.41	23.85
≥ 2	2.52	0.64	0.75	8.02	0.26	1.53	21.54
Cognitive st (%)							
≥ 24	57.05	83.69	60.08	35.60	66.57	51.48	25.25
19–23	33.14	15.60	33.26	40.78	27.76	38.03	40.40
≤ 18	9.81	0.71	6.65	23.62	5.67	10.49	34.34
Depression (%)	18.03%	7.09	11.75	38.07	8.26	22.38	50.41

JAMDA, 2017

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas



Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas


Rolling
Stones
Geriatric Tour

Convención Interamericana sobre la Protección de los Derechos Humanos de las Personas Mayores

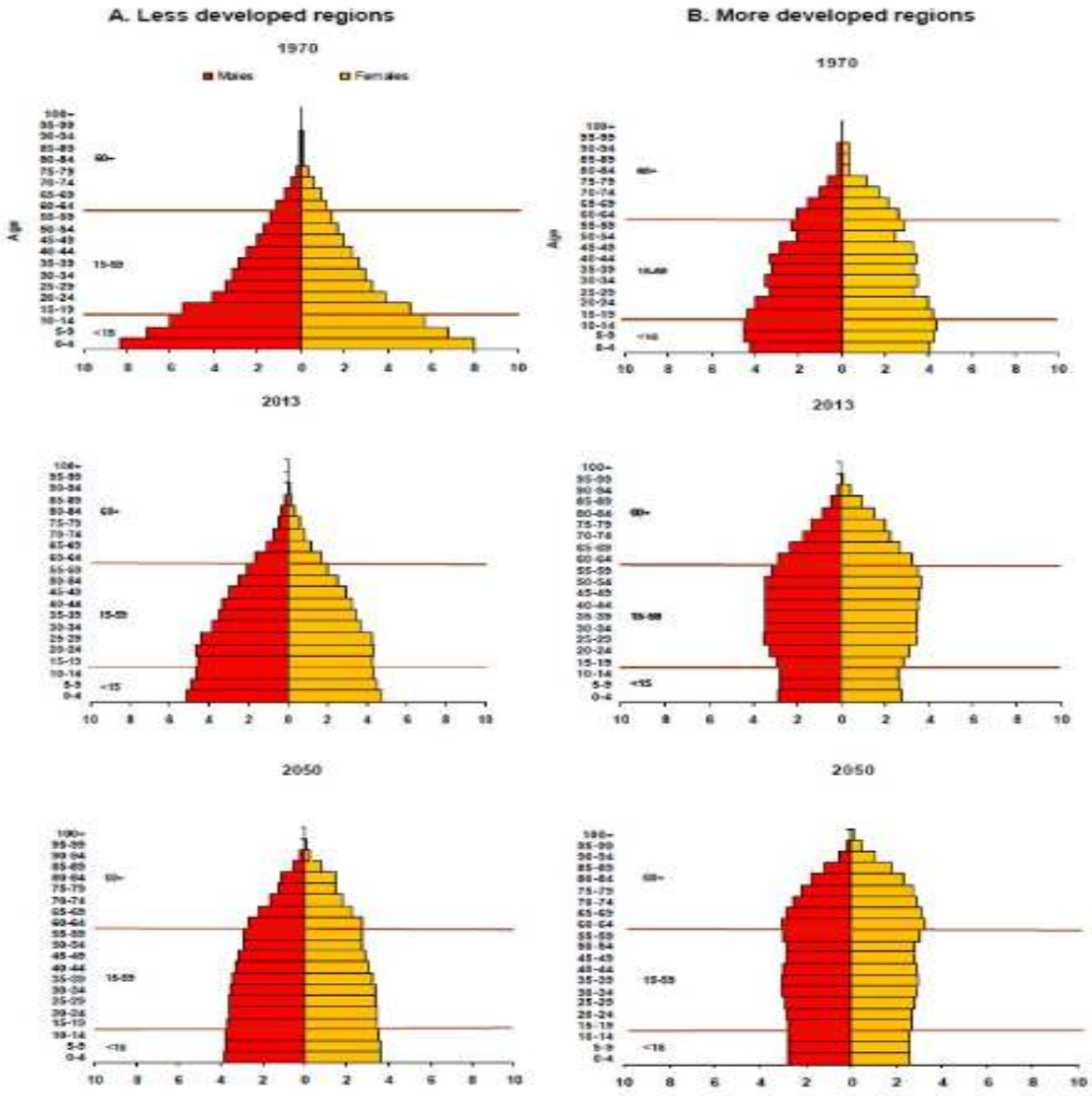
- 27 artículos
- 6 Estados Miembros han firmado la Convención
- 5 Estados Miembros han ratificado la Convención
- Combate el edaismo
- Promueve y protege el derecho al disfrute del más alto nivel posible de salud (“derecho a la salud”) y otros derechos humanos en la Región de las Américas.





Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas



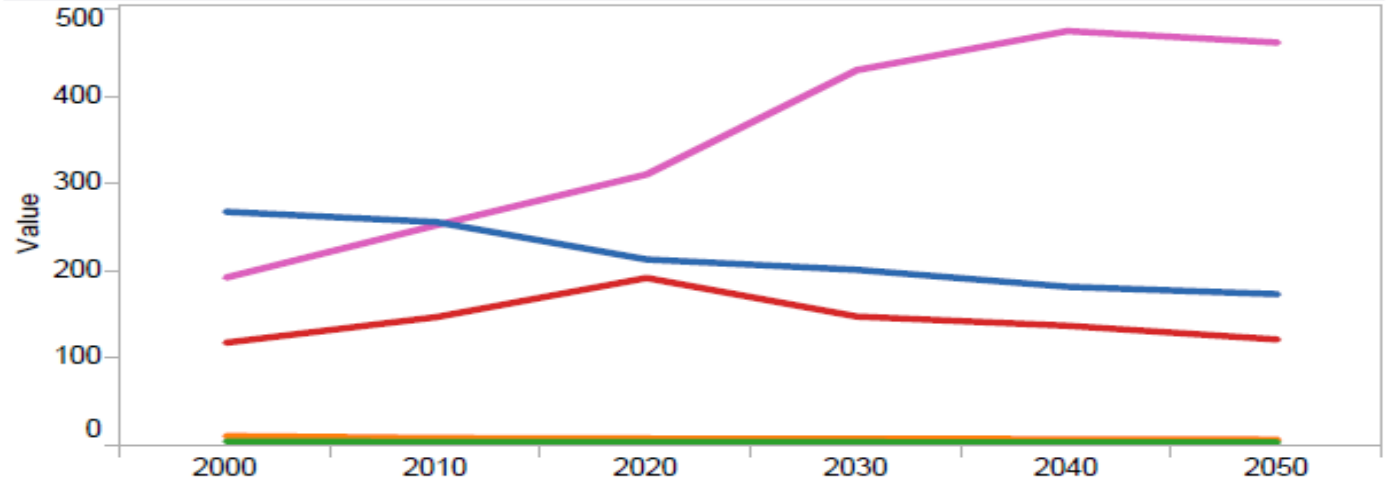
World Popul Ageing. 2013:3-29

Pirámides de población de paises con diferente nivel de desarrollo de 1970, 2013 y 20150.

El reto de la discapacidad en Cuba

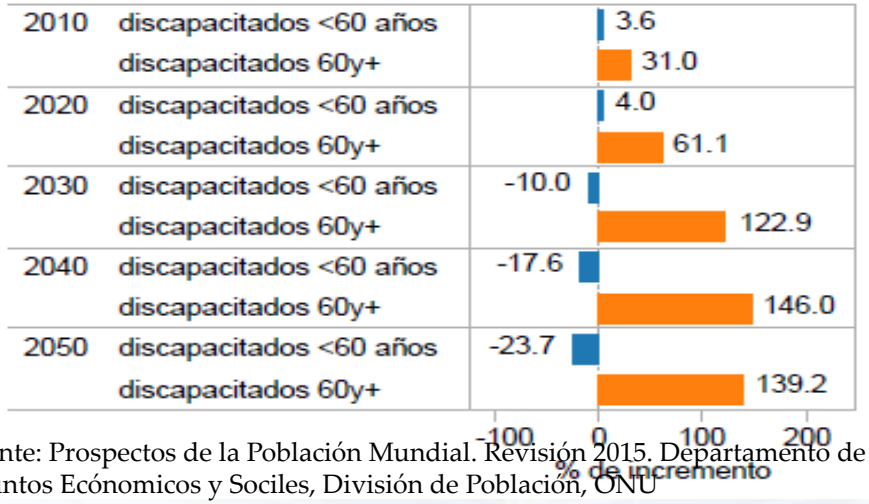
Grupos de edad
0 a 4 5 a 14 15 a 44 45 a 59 60 y +

Proyección del número de discapacitados severos según grupos de edad. Cuba, 2000-2050.

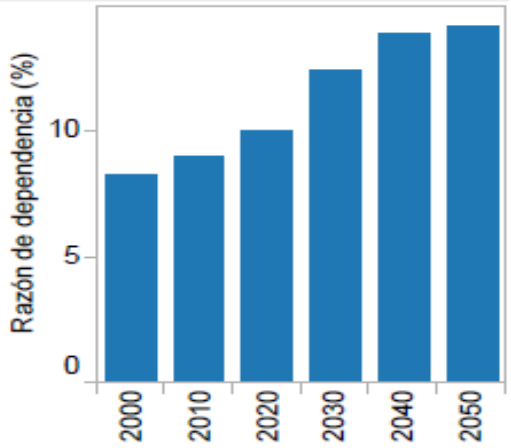


País
- Argentina
- Bahamas
- Barbados
- Belize
- Bolivia
- Brazil
- Chile
- Colombia
- Costa Rica
- Cuba
- Dominican Republic
- Ecuador
- El Salvador
- French Guiana
- Guadeloupe
- Guatemala
- Guyana
- Haiti
- Honduras
- Jamaica
- Martinique
- Mexico
- Netherlands Antilles
- Nicaragua
- Panama
- Paraguay
- Peru
- Puerto Rico
- Saint Lucia
- Suriname
- Trinidad and Tobago

Cambio relativo de la prevalencia de discapacitados respecto al año 2000. Cuba.

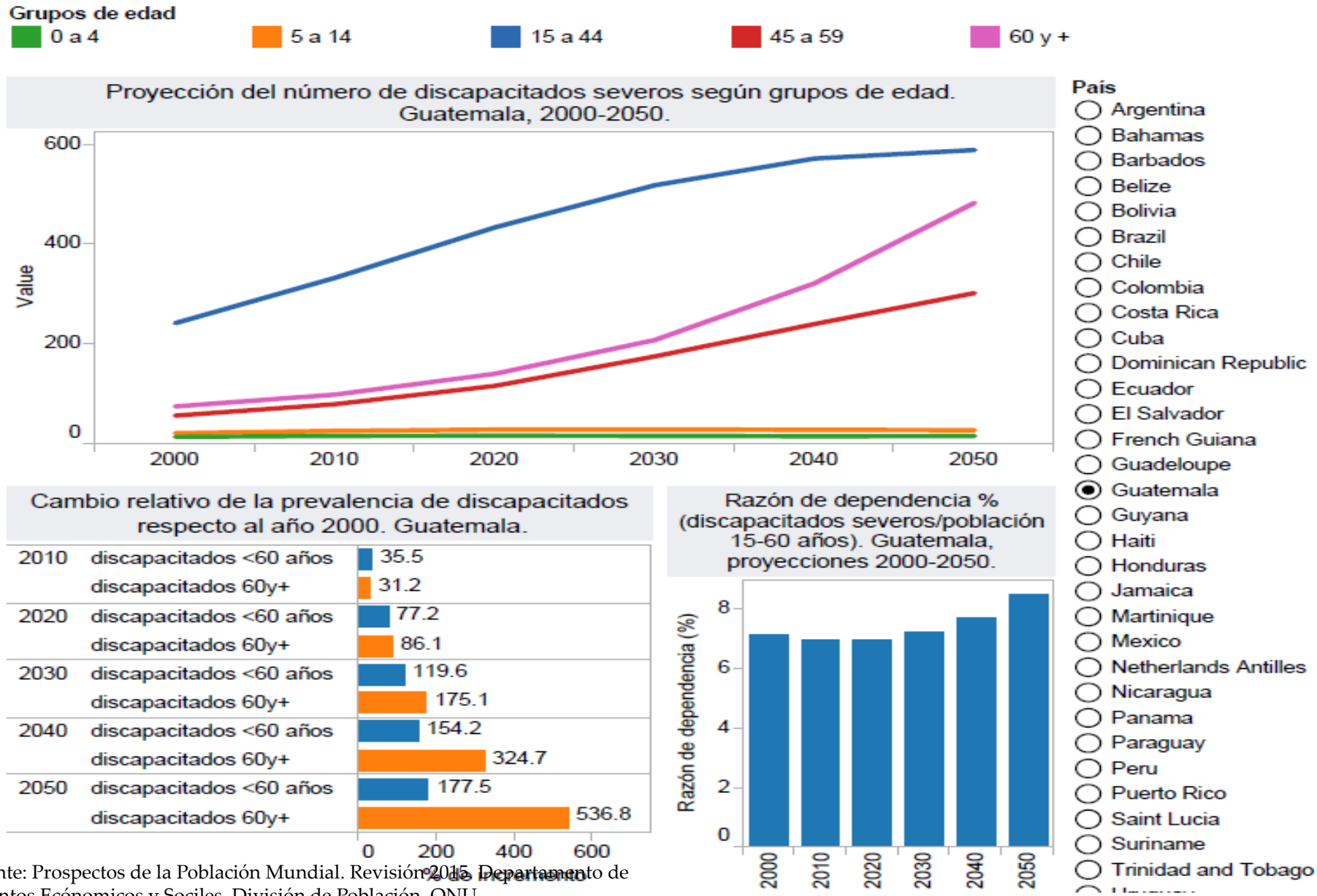


Razón de dependencia % (discapacitados severos/población 15-60 años). Cuba, proyecciones 2000-2050.



Fuente: Prospectos de la Población Mundial. Revisión 2015. Departamento de Asuntos Ecónomicos y Sociles, División de Población, ONU

El reto de la discapacidad en Guatemala



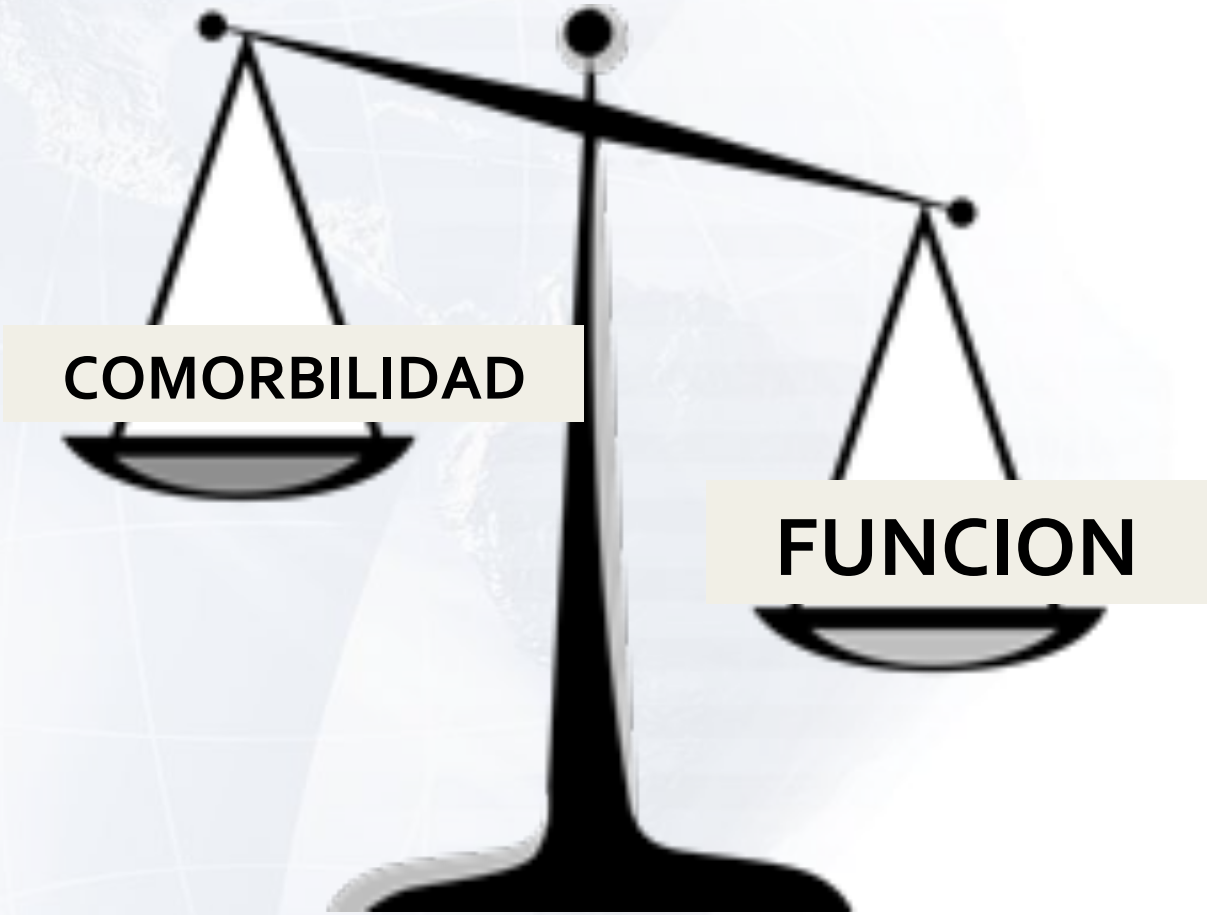
Fuente: Prospectos de la Población Mundial. Revisión 2015. Departamento de Asuntos Ecónomicos y Sociles, División de Población, ONU



Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

DESENLACES DE SALUD Y USO DE RECURSOS



BMJ. 2011;343:d6553. *JAMA*. 1997;277:728-734. *J Epidemiol Community Health*. 2014;68:703-704. J Am Med Dir Assoc . 2016; 17(10):949-55. *Lance* 2015;385:e7-9. *Lancet*. 2015;385:563-575. *Lancet*. 2015;385:658-661. Maturitas. 2014 Aug;78(4):329-34. *Rejuvenation research*. 2008;11:829-83 *Atención Primaria*. 2010;42:388-393 . Rev Esp Geriatr Gerontol. 2014 Mar-Apr;49(2):51-8.
SEMEG, 2001. OMS 2002, 2009, 2015.

Frailty as a Predictor of Surgical Outcomes in Older Patients

Martin A Makary, MD, MPH, FACS, Dorry L Segev, MD, PhD, FACS, Peter J Pronovost, MD, PhD, Dora Syin, MD, Karen Bandeen-Roche, PhD, Purvi Patel, MD, MPH, Ryan Takenaga, MD, Lara Devgan, MD, MPH, Christine G Holzmueller, BLA, Jing Tian, MS, Linda P Fried, MD, MPH

Table 3. Risk of Surgical Complications by Frailty

Adjustment	Intermediately frail patients, odds ratio (95% CI)	Frail patients, odds ratio (95% CI)
Operation category*	2.02 (1.22–3.34)	3.12 (1.48–6.57)
Operation category and ASA score	2 [illegible] 59)	3 [illegible] 72)
Operation category and Lee score†	[illegible] 3)	[illegible] 7)
Operation Category and Eagle score†	[illegible] 2)	[illegible])
Adjusted for all factors (parsimonious model)	[illegible] 5)	[illegible] 6)
Adjusted for all factors (forced model)	2.0 [illegible] 3.60)	2.5 [illegible] 5.77)

x2

X2.5

Table 4. Increased Length of Hospital Stay by Frailty

Adjustment	Intermediately frail patients, IRR (95% CI)	Frail patients, IRR (95% CI)
Operation category*	1.53 [illegible] 1.83)	1.89 (1 [illegible] 2.48)
Operation category and ASA score	[illegible] 79)	1.8 [illegible])
Operation category and Lee score	[illegible] 0)	1 [illegible]
Operation category and Eagle score	[illegible]	1 [illegible]
Adjusted for all factors (parsimonious model)	[illegible] 80)	1.6 [illegible])
Adjusted for all factors (forced model)	1.49 [illegible] 1.80)	1.69 (1 [illegible] 2.23)

X1.5

X1.7

Pan American Health Organiz

World Health Organization

J Am Coll Surg 2010;210:901–908.

Frailty as a Predictor of Surgical Outcomes in Older Patients

Martin A Makary, MD, MPH, FACS, Dorry L Segev, MD, PhD, FACS, Peter J Pronovost, MD, PhD, Dora Syin, MD, Karen Bandeen-Roche, PhD, Purvi Patel, MD, MPH, Ryan Takenaga, MD, Lara Devgan, MD, MPH, Christine G Holzmueller, BLA, Jing Tian, MS, Linda P Fried, MD, MPH

Table 5. Risk of Discharge to a Skilled or Assisted-Care Facility

Adjustment	Intermediately frail patients, odds ratio (… CI)	Frail patients, odds ratio (… CI)
Operation category*	3.41 (… 0)	27 (… 4.87)
Operation category and ASA score	3.0 (…)	2 (… 64)
Operation category and Lee score	3 (…)	… 3)
Operation category and Eagle score	3 (…)	… 5)
Adjusted for all factors (parsimonious model)	3.5 (…)	2 (… 34)
Adjusted for all factors (forced model)	3.16 (… 9)	20 (… 5.68)

x3

x20

Pan American Health Organization

World Health Organization

J Am Coll Surg 2010;210:901–908.



***Envejecimiento Saludable*: el** proceso para fomentar y mantener la capacidad funcional que permite el bienestar en la vejez. (OMS 2015)

***Capacidad Funcional*:** Atributos relacionados con la salud que permiten a la persona ser y hacer lo que tienen razones para valorar. (OMS 2015)

Pan American Health Organization

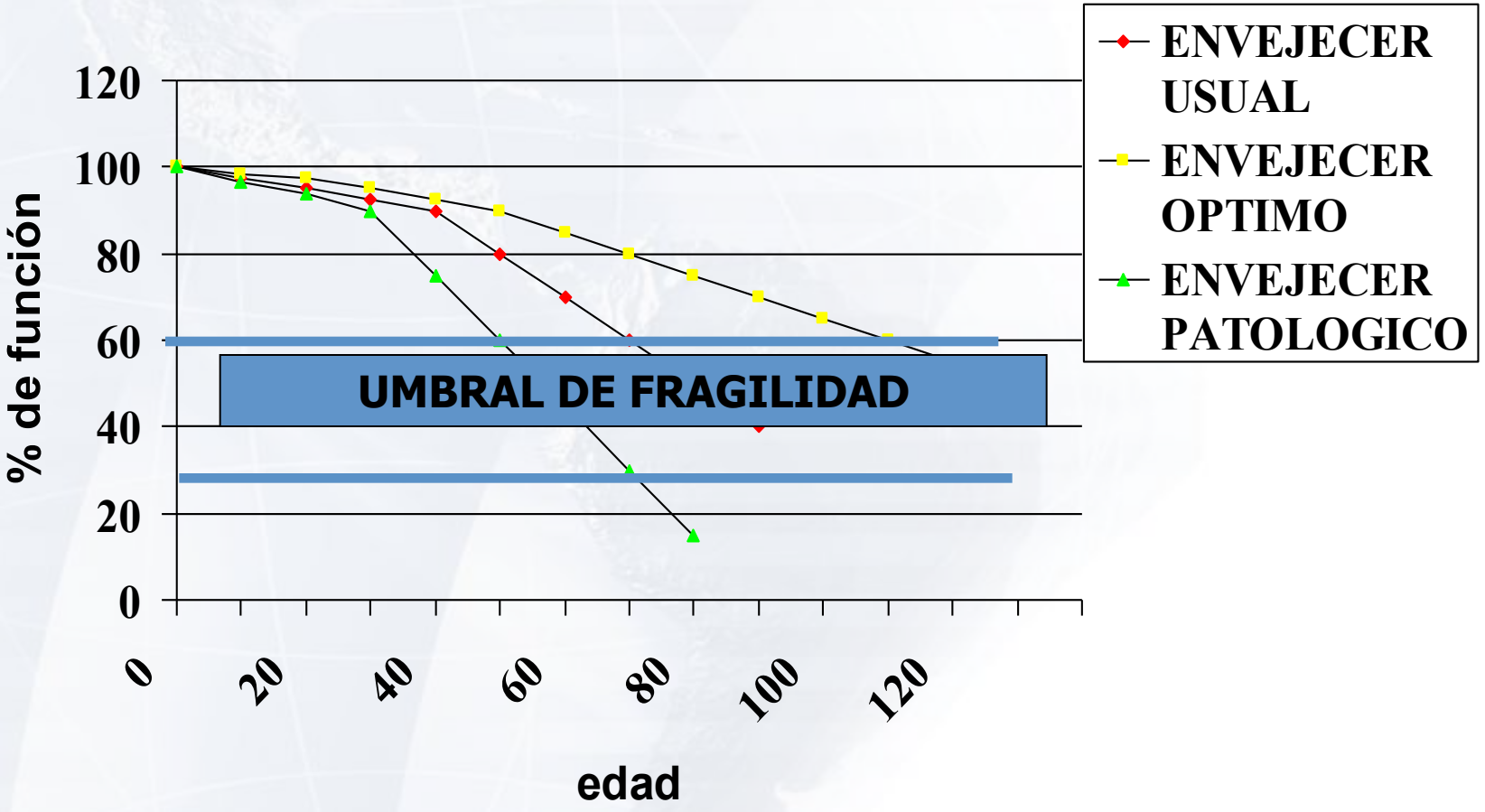
World Health Organization
REGIONAL OFFICE FOR THE Americas



Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

Capacidad intrinseca
Reserva funcional



Bortz WM. J Gerontol 2002. 57 A:283-288

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

La fragilidad en la cascada de la discapacidad y dependencia

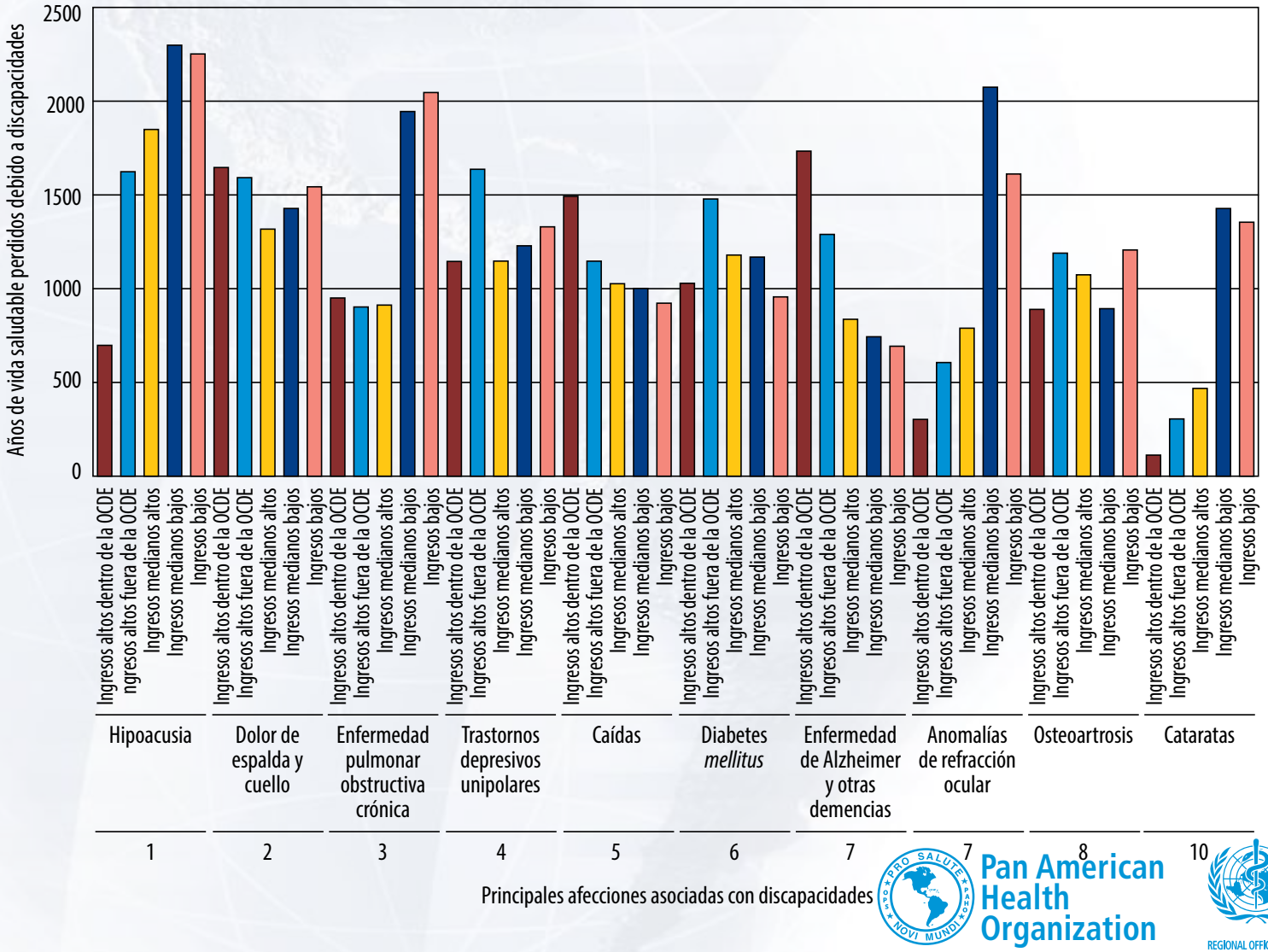


Martín Lesende et al.
Atención Primaria.
2010;42:388-393

* AIVD: Actividades instrumentales de la vida diaria. ABVD: Actividades básicas de la vida diaria

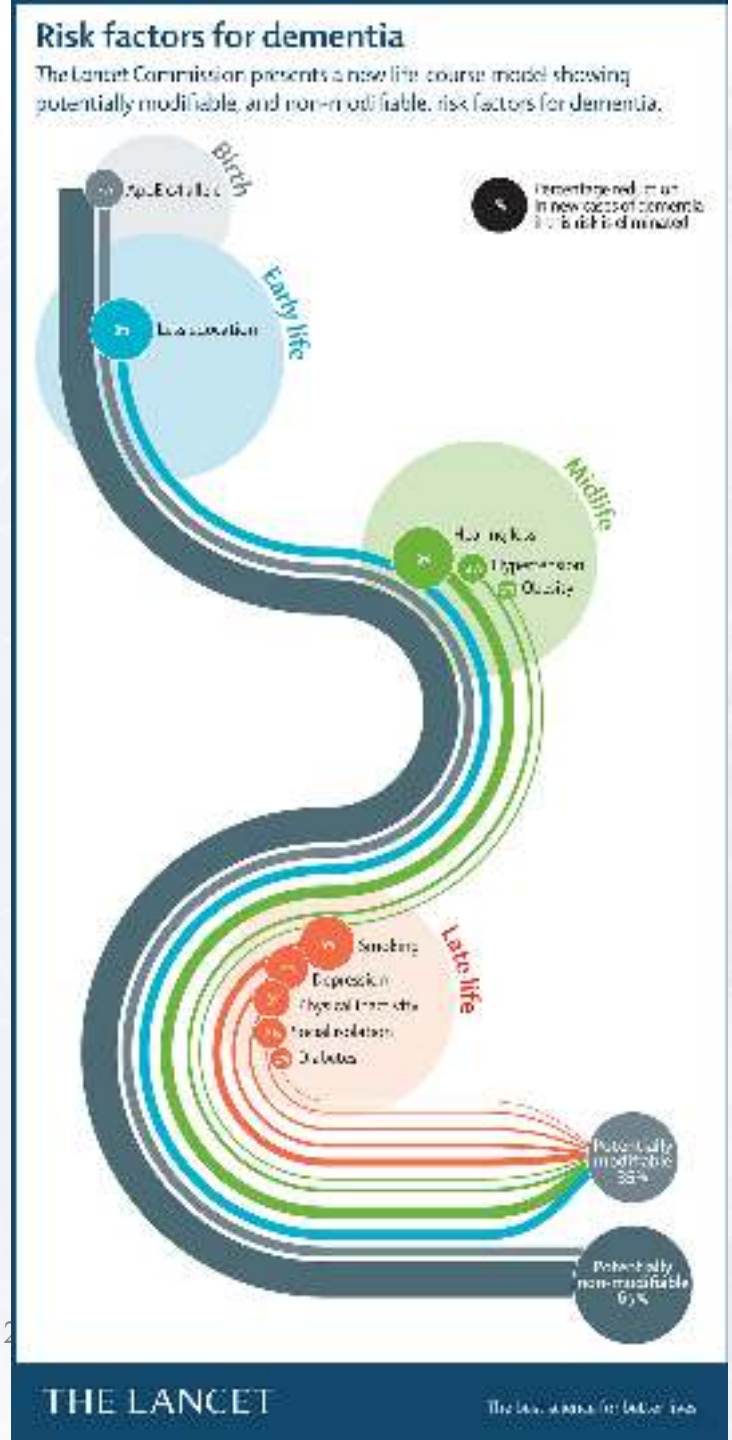
Age. 2014;36:483-493. *American journal of public health*. 1994;84:1274-1280. *American journal of public health*. 2013;103:e78-87. *Arch Intern Med*. 2006;166:418-423. *BMC Med*. 2013;11:65. *Disability and rehabilitation*. 2005;27:263-276. *J Am Geriatr Soc*. 2012;60:256-264. *J Gerontol A Biol Sci Med Sci*. 2014. *J Am Med Dir Assoc*. 2014;15:281-286. *J Am Geriatr Soc*. 2016. *J Gerontol A Biol Sci Med Sci*. 2013;68:62-67. *J Gerontol A Biol Sci Med Sci*. 2001;56:M146-156. *Lancet*. 2008;372:2124-2131. *Lancet*. 2015;385:563-575.

Figura 3.13. **Años de vida saludable perdidos por discapacidad cada 100.000 habitantes y las 10 afecciones más asociadas con discapacidades, en poblaciones de 60 años y más, 2012**



Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas



Demencia: es prevenible?

Lancet, 2017

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

Environmental modifications		
Low-risk population	1.03 [0.75–1.41]	High
High-risk population	0.66 [0.54–0.81]	High
General population	0.85 [0.75–0.97]	High



Ontario Health Technology Assessment Series 2008; Vol. 8, No. 2

Recommendations for managing declines in intrinsic capacity in older people

Improve musculoskeletal function, mobility and vitality



1. **Multimodal exercise, including progressive strength resistance training** and other exercise components (balance, flexibility and aerobic training) should be recommended for older people with declining physical capacity, measured by gait speed, grip strength and other physical performance measures
2. **Oral supplemental nutrition with dietary advice** should be recommended for older people affected by undernutrition

Loss of muscle mass and strength, reduced flexibility, and problems with balance can all impair mobility. Nutritional status can also be affected negatively by physiological changes that can accompany ageing, in turn with an impact on vitality and mobility. Interventions that improve nutrition and encourage physical exercise, when integrated into care plans and delivered together, can slow, stop or reverse declines in intrinsic capacity.

Maintain sensory capacity



3. Older people should receive **routine screening for visual impairment** in the primary care setting, and timely provision of comprehensive eye care
4. **Screening followed by provision of hearing aids** should be offered to older people for timely identification and management of hearing loss

Ageing is often associated with loss of hearing and/or vision that limits mobility, social participation and engagement, and can increase the risk of falls. Sensory problems could easily be addressed by simple and affordable strategies such as the provision of corrective glasses and hearing aids, cataract surgery and environmental adaptations.

Prevent severe cognitive impairment and promote psychological well-being



5. **Cognitive stimulation** can be offered to older people with cognitive impairment, with or without a formal diagnosis of dementia
6. Older adults who are experiencing depressive symptoms can be offered **brief, structured psychological interventions**, in accordance with WHO mhGAP intervention guidelines delivered by health care professionals with a good understanding of mental health care for older adults

Cognitive impairment and psychological difficulties very often occur together. They impact on people's abilities to manage daily life activities such as finances and shopping and on their social functioning. Cognitive stimulation therapy, which is a programme of differently themed activities, and brief psychological interventions, are critical to preventing significant losses of mental capacity and preventing care-dependency in older age.

Manage age-associated conditions such as urinary incontinence



7. **Prompted voiding** for the management of urinary incontinence can be offered for older people with cognitive impairment
8. **Pelvic floor muscle training**, alone or combined with bladder control strategies and self-monitoring, should be recommended for older women with urinary incontinence (urge, stress or mixed)

Urinary incontinence – involuntary leakage of urine – affects about a third of older people worldwide. The psychosocial implications of incontinence include loss of self-esteem, restricted social and sexual activities, and depression. Pelvic floor muscle training strengthens the muscles supporting the urethra and augments its closure, and is effective in managing urge leakage.

Prevent falls



9. **Medication review and withdrawal** (of unnecessary or harmful medication) can be recommended for older people at risk of falls
10. **Multimodal exercise** (balance, strength, flexibility and functional training) should be recommended for older people at risk of falls
11. **Action on hazards** – following a specialist's assessment, home modifications to remove environmental hazards that could cause falls should be recommended for older people at risk of falls
12. **Multifactorial interventions** integrating assessment with individually tailored interventions can be recommended to reduce the risk and incidence of falls among older people

Falls are the leading cause of hospitalization and injury-related death in older people. Falls are due to a combination of environmental factors (loose rugs, clutter, poor lighting, etc) and individual factors (organ-system abnormalities that affect postural control). Exercise, physical therapy, home-hazard assessments and adaptations, and withdrawal of psychotropic medications, where necessary, all reduce older people's risk of falls.

Support caregivers



13. **Psychological intervention, training and support** should be offered to family members and other informal caregivers of care-dependent older people, particularly but not exclusively when the need for care is complex and extensive and/or there is significant caregiver strain

Caregivers of people with severe declines in intrinsic capacity are at a higher risk of experiencing psychological distress and depression themselves. Caregiving stress or burden has a profound impact on the physical, emotional and economic status of women and other unpaid caregivers. A needs assessment and access to psychosocial support and training should be offered to caregivers experiencing stress.

Integrated care for older people (ICOPE)

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

Eficacia del trabajo centrado en la funcion

- Barrick C. Impacting quality: assessment of a hospital-based Geriatric Acute Unit. Am J Med Qual 1999; 14: 133-137.
- Landefeld CS. A randomized trial of care in a Hospital Medical Unit especially designed to improve the functional outcomes of acutelly ill older patients. NEJM 1995; 332: 1338-44.
- Palmer RM. Clinical intervention trials: The ACE Unit. Clin Geriatr Med 1998; 14: 831-49.
- Rubenstein LZ. Effectiveness of a Geriatric Evaluation Unit. A randomized Clinical Trial. NEJM 1984; 311: 1664-70.
- Applegate WB. A randomized cntrolled trial of a Geriatric Assessment Unit in a Community Rehabilitation Hospital. NEJM 1990; 322: 1572-8.
- Cohen HJ. A Controlled Trial of Inpatient and Outpatient Geriatric Evaluation and Management. NEJM 2002; 346: 905-12.
- Boult C. A Randomized Clinical Trial of Outpatient Geriatric Evaluation and Management. JAGS 2001; 49: 351-9.
- Stuck AE. A trial of annual in-home comprehensive geriatric assessment for elderly people living in the community. NEJM 1995; 333: 1184-9.
- Elkan R. Effectiveness of Home based support for older people: Systematic review and meta-analysis. BMJ 2001; 323: 1-9.
- Gill TM. A Program to Prevent Functional Decline in Physically Frail, Elderly Persons who Live at Home. NEJM 2002; 347: 1068-74.
- Forster A. Systematic Review of the Day Hospital Care for elderly people. BMJ 1999; 318: 837-41.

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

Eficacia del trabajo centrado en la funcion

- Valderrama E. Evaluación de la mejoría funcional y la estancia en una Unidad de Rehabilitación Geriátrica. Rev Esp Geriatr Gerontol 1997; 32: 139-143.
- Abizanda P. Resultados y beneficios de la creación de un Equipo de Valoración y Cuidados Geriátricos en el Hospital General de Albacete. Rev Esp Geriatr Gerontol 1998; 33: 195-201.
- González JI. Resultados asistenciales de un Equipo Consultor Geriátrico en un hospital general. Rev Esp Geriatr Gerontol 1999; 34: 336-45.
- Cruz A. La eficacia de la Interconsulta Geriátrica en pacientes ancianos ingresados en traumatología. An Med Intern 1994; 2: 273-277.
- Pérez Martín A. Efecto sobre el consumo de recursos hospitalarios de un programa de Atención geriátrica domiciliaria. Rev Esp Salud Pública 2001.
- Baztán JJ. La Actividad Comunitaria de un Servicio de Geriatría Hospitalaria: Un examen práctico de la coordinación entre atención primaria y especializada.Atención Primaria 2000; 26: 374-82.
- Hornillos M. Hospitales de Día Geriátricos en España, estructura y funcionamiento.SEGG 1996.
- Baztán JJ. Hospital de Día de Geriatrico. Características, Funcionamiento y Efectividad. Med Clin (Barc) 1993; 101: 699-704.

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

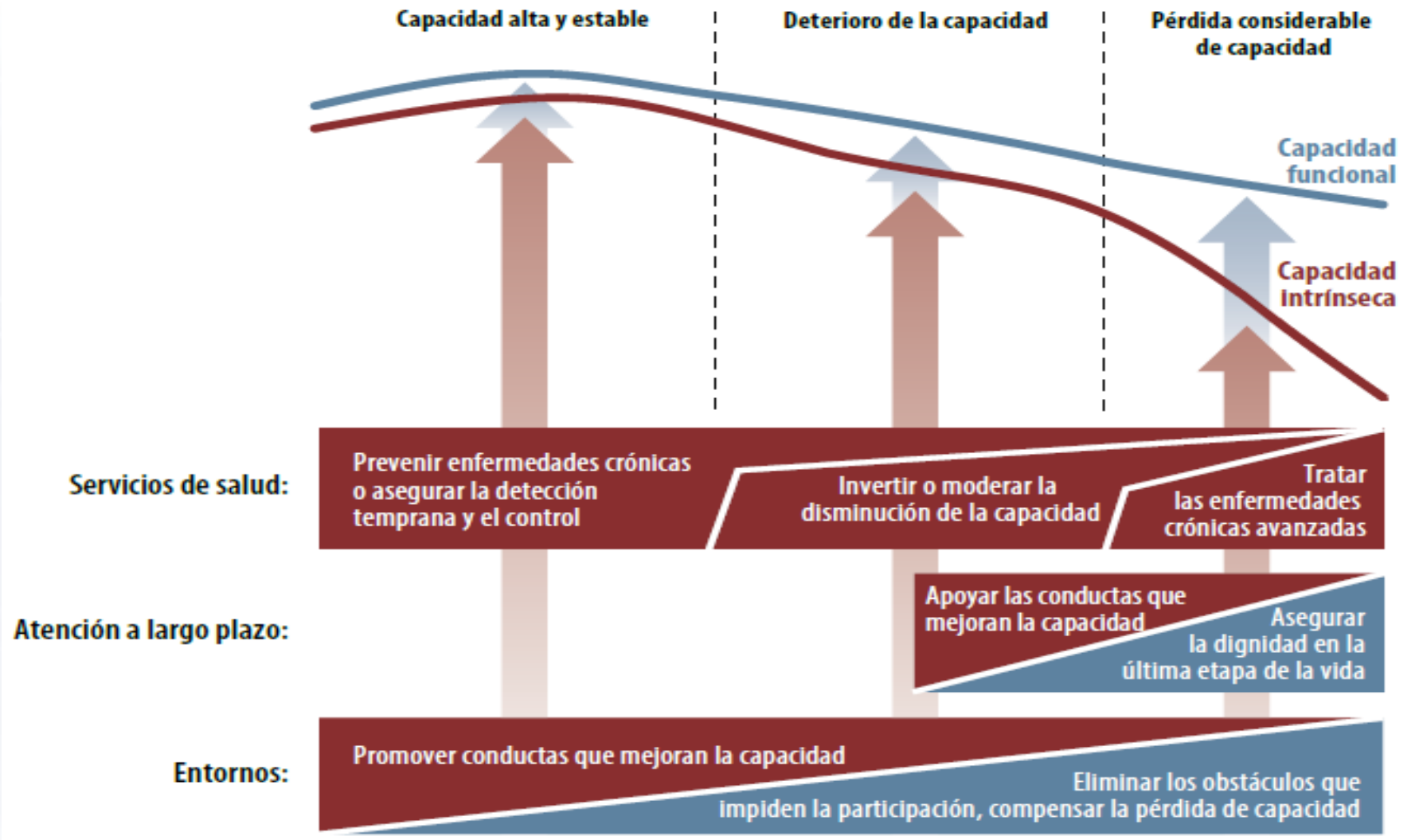
Eficacia del trabajo centrado en la funcion

- ↓ Mortalidad
- ↓ Estancias hospitalarias
- ↓ Reingresos
- ↓ Institucionalización
- ↓ Declive Funcional
- ↓ Deterioro Mental
- ↑ Rehabilitación

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

Cuadro de Salud Pública para el Envejecimiento Saludable



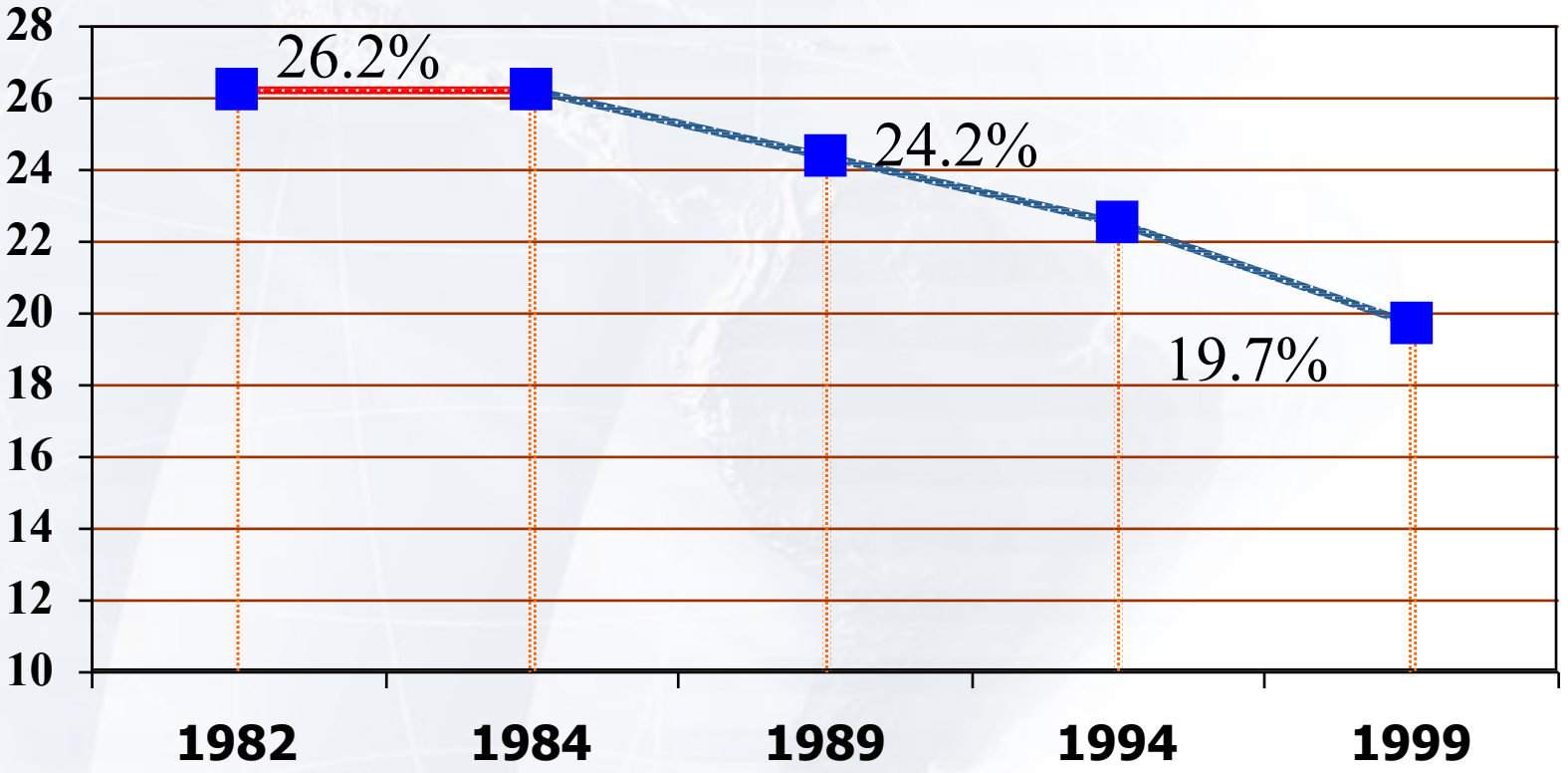
Fuente: Informe Mundial sobre el Envejecimiento y la Salud. OMS (2015)

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

PERSONAS MAYORES DE 65, con discapacidad

1999 National Long-Term Care Survey.USA. PNAS, 2001



Guion

-Introduccion: cual es el verdadero reto?

-Posibles respuestas... Conceptos erroneos

-**Cuales son entonces las prioridades?**

-Cuales son las oportunidades?

Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas


SUSTAINABLE DEVELOPMENT GOALS
1 NO POVERTY
2 ZERO HUNGER
3 GOOD HEALTH AND WELL-BEING
4 QUALITY EDUCATION
5 GENDER EQUALITY
6 CLEAN WATER AND SANITATION
7 AFFORDABLE AND CLEAN ENERGY
8 DECENT WORK AND ECONOMIC GROWTH
9 INDUSTRY, INNOVATION AND INFRASTRUCTURE
10 REDUCED INEQUALITIES
11 SUSTAINABLE CITIES AND COMMUNITIES
12 RESPONSIBLE CONSUMPTION AND PRODUCTION
13 CLIMATE ACTION
14 LIFE BELOW WATER
15 LIFE ON LAND
16 PEACE, JUSTICE AND STRONG INSTITUTIONS
17 PARTNERSHIPS FOR THE GOALS
SUSTAINABLE DEVELOPMENT GOALS

Estrategia Global y Plan de Acción sobre el Envejecimiento Saludable



Acciones para promover el envejecimiento saludable a través de:

I. Impulsar política pública sobre el envejecimiento saludable en todos los países.

II. Entornos adaptados a las personas mayores

III. Armonizar los sistemas de salud con las necesidades de las personas mayores

IV. Desarrollar sistemas de prestación de atención a largo plazo

V. Mejorar la medición, el seguimiento y la investigación sobre el envejecimiento

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

Conclusiones

- El reto es desarrollar nuevas politicas de salud publica en un mundo envejecido

- El envejecimiento es un exito de politicas anteriores.

- Existen fuertes evidencias que nos impulsan:
  - A remodelar el enfoque de salud CENTRADO EN LA CAPACIDAD FUNCIONAL
  - Capacitar a todos los corresponsables de salud
  - Remodelar el sistema sanitario.
  - del envejecimiento: mas que cantidad

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas



ENVEJECIMIENTO SALUDABLE…
SER CAPACES DE HACER DURANTE EL MÁXIMO TIEMPO POSIBLE LAS COSAS A LAS QUE DAMOS VALOR

Dra. Cristina Alonso Bouzón
Asesora Regional, Envejecimiento y Salud (OPS/OMS)
alonsocri@paho.org

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas