XVI CURSO ALMA PARA DOCENTES UNIVERSITARIOS DE GERIATRÍA

"LA PERSONA MAYOR CON CONDICIONES CRÓNICAS MÚLTIPLES"

LA HABANA, CUBA.

Del 26 al 29 Octubre de 2017

Programa académico





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- **Academia Latinoamericana de Medicina del Adulto Mayor**
- **European Academy of Medicine of Aging**
- **Rede Fibra – Fragilidade em Idosos Brasileiros**

GeronLab LABORATÓRIO DE PESQUISA EM ENVELHECIMENTO HUMANO

El envejecimiento y las condiciones crónicas en la investigación.

¿Dónde estamos y hacia dónde debiéramos ir?

Objetivos de la presentación

- Presentar dónde estamos y
- Hacia dónde debiéramos ir

Chronic disorders

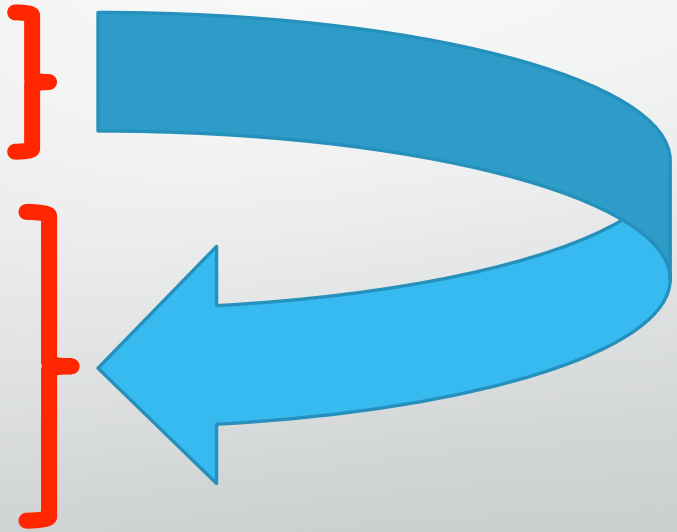
- Chronic disease
  - Being permanent
  - Caused by irreversible pathological alteration
  - Requiring rehabilitation, or
  - Requiring a long period of care
- Number of people with chronic disorders
  - Dramatically increased
- Management of long-term disorders
  - Main challenge

Barnett, K. et al. (2012); Rizzuto, D. et al. (2017)

Resultados

Condiciones crónicas: Problemas en la investigación en el adulto mayor

- Older adults are often excluded or underrepresented in:
  - Trials; Observational; etc
    - Study Design & Analysis
  - Analysis post-hoc
  - Meta-analyses
  - Systematic reviews
  - Guideline development process



AGS, Guiding Principles, 2012

Porém, sobretudo, faltam aos protocolos de investigação...

- Incluir variáveis
  - De mobilidade
  - De atividades de vida diária
  - Cognitivas
  - Desfechos adequados à população idosa
    - Quedas
    - Distúrbio cognitivo
    - Marcha
    - Força
    - Massa muscular
    - etc.

Clinical Practice Guidelines

- Focus on the management of a single disease
- Do not address the question of how to integrate care for individuals with multimorbidity
- So, result in care that is impractical, irrelevant, or even harmful

AGS, Guiding Principles, 2012

Conclusões

- We have to change this situation!

¡¡Muchas Gracias!!

Preguntas?

HYVET Trial

Beckett, N. S., et al. (2008)

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 MAY 1, 2008 VOL. 358 NO. 18

Treatment of Hypertension in Patients 80 Years of Age or Older

Nigel S. Beckett, M.B., Ch.B., Ruth Peters, Ph.D., Astrid E. Fletcher, Ph.D., Jan A. Staessen, M.D., Ph.D., Lisheng Liu, M.D., Dan Dumitrascu, M.D., Vassil Stoyanovsky, M.D., Riitta L. Antikainen, M.D., Ph.D., Yuri Nikitin, M.D., Craig Anderson, M.D., Ph.D., Alli Belhani, M.D., Françoise Forette, M.D., Chakravarthi Rajkumar, M.D., Ph.D., Lutgarde Thijs, M.Sc., Winston Banya, M.Sc., and Christopher J. Bulpitt, M.D., for the HYVET Study Group*

Beckett, N. S., et al. (2008)

HYVET Trial

- Double blind, placebo controlled study
- 3845 patients ≥ 80 y.o.
  - Europe, China, Australasia,Tunisia
- Systolic blood pressure ≥ 160 mm Hg
- Diuretic indapamide or matching placebo
- Primary end point
  - Fatal or nonfatal stroke
- Conclusion
  - In person ≥ 80 years treatment with indapamide is beneficial

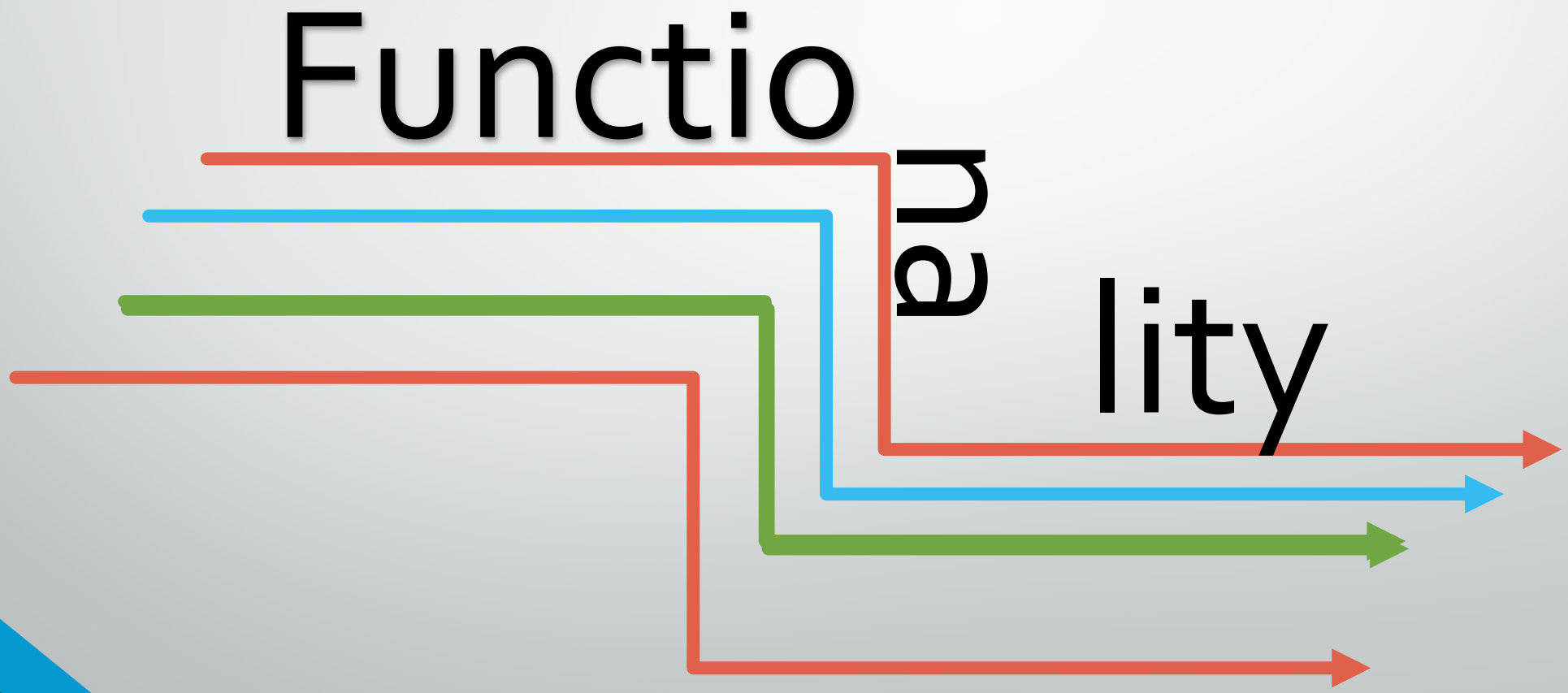
HYVET: exclusion criteria

Bulpitt, C., et al. (2001

- Known accelerated hypertension
- Overt clinical congestive heart failure
- Renal failure
- Previous documented cerebral or subarachnoid haemorrhage in the last 6 months
- Condition expected to severely limit survival
- Known secondary hypertension
- Gout (investigator's opinion)
- Clinical diagnosis of dementia
- Resident in a nursing home
- Contraindication to trial medication (K^+ level)
- Inability to stand up or walk.

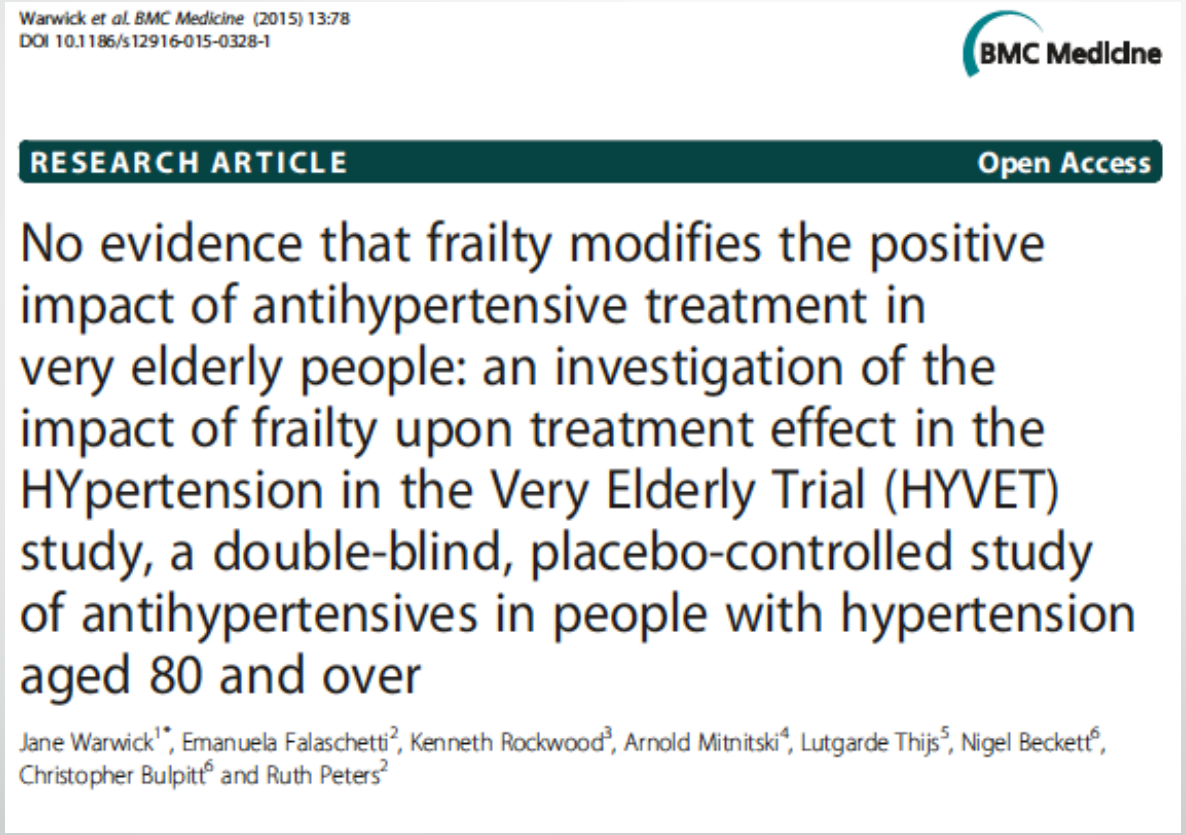
Bulpitt, C., et al. (2001

But not only exclusion criteria…



Warwick, J., et al. (2015)

HYVET Trial



Warwick et al. BMC Medicine (2015) 13:78
DOI 10.1186/s12916-015-0328-1

BMC Medicine

RESEARCH ARTICLE Open Access

No evidence that frailty modifies the positive impact of antihypertensive treatment in very elderly people: an investigation of the impact of frailty upon treatment effect in the HYpertension in the Very Elderly Trial (HYVET) study, a double-blind, placebo-controlled study of antihypertensives in people with hypertension aged 80 and over

Jane Warwick[1*], Emanuela Falaschetti[2], Kenneth Rockwood[3], Arnold Mitnitski[4], Lutgarde Thijs[5], Nigel Beckett[6], Christopher Bulpitt[6] and Ruth Peters[2]

There was no significant interaction between treatment effect and frailty for any of the three endpoints

Abordagem

Doença isolada

Multimorbidade



Multimorbidity

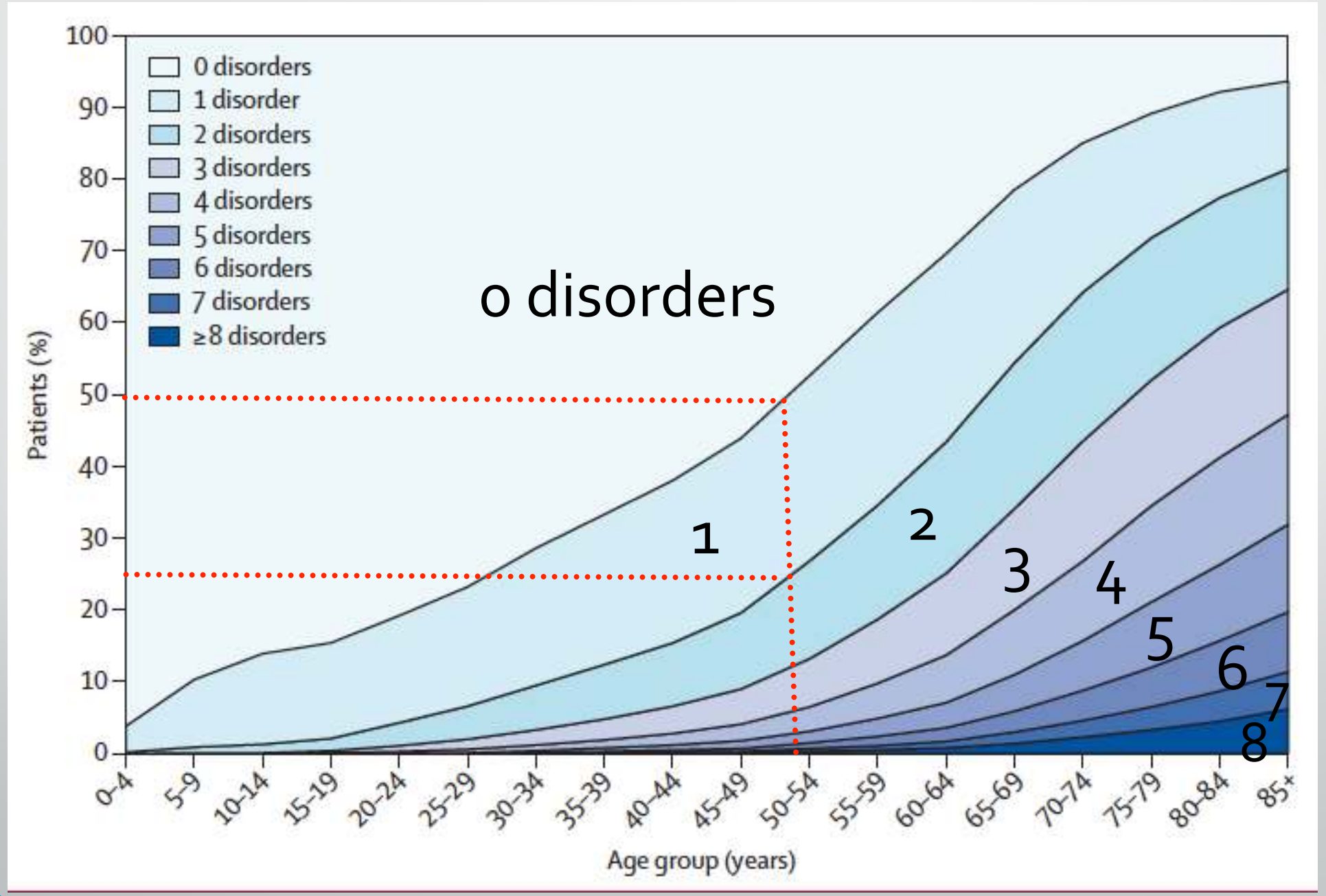
- It is not a problem only for older adults
- Prevalence is much higher in older age groups
  - 65–84 years: 65%
  - ≥ 85 years: 82%
- Health-care needs and health-care systems

Banerjee, S. (2015).

Chronic disorders and multimorbidity

- Multimorbidity
  - Definition
    - Co-occurrence of 2 or more chronic diseases
  - Advanced age
  - Associated to disability
  - Broader approach
- Measurement of multimorbidity
  - No standard approach

Barnett et al., 2012; Rizzuto, 2017



Barnett, K., et al. (2012)

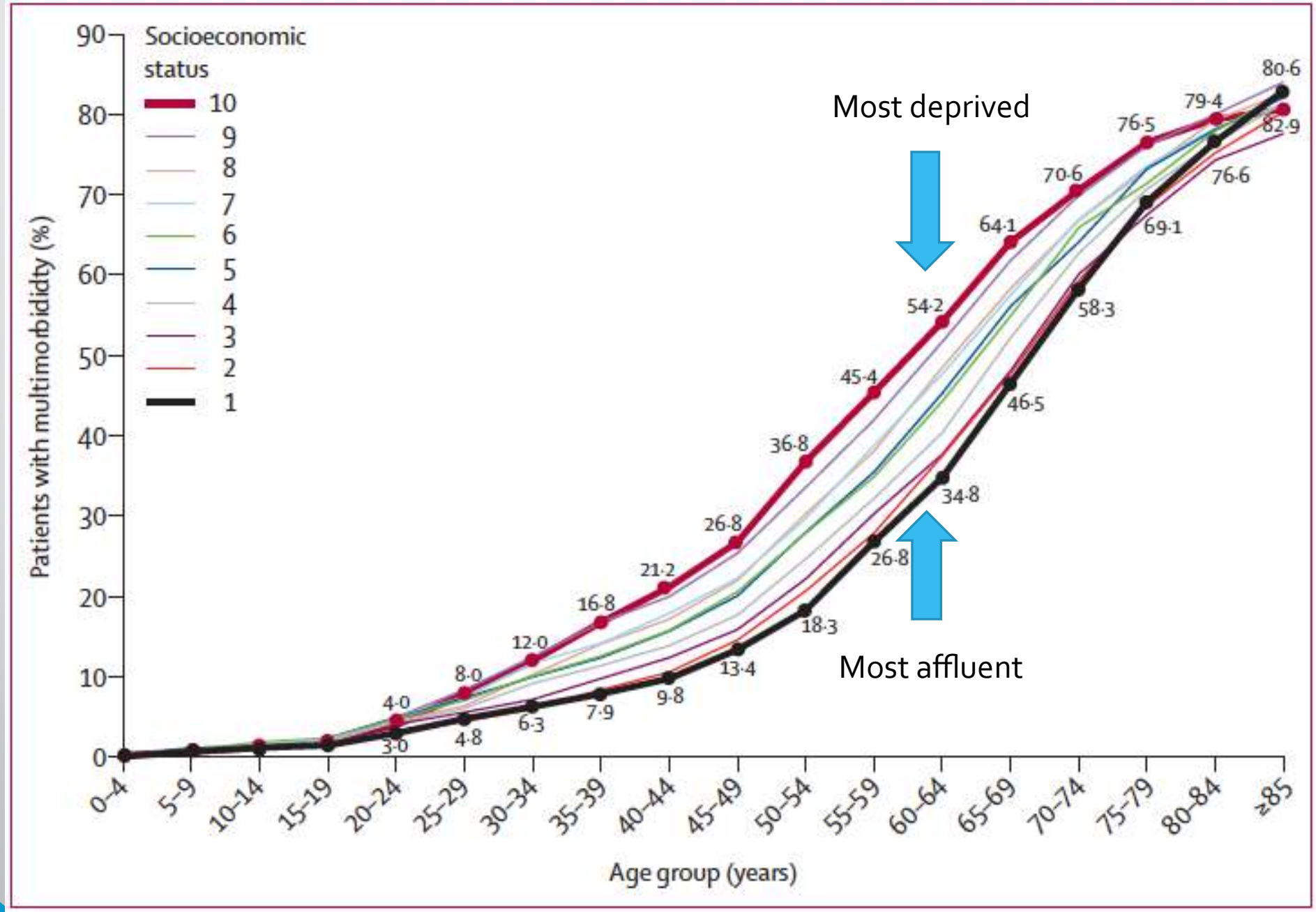
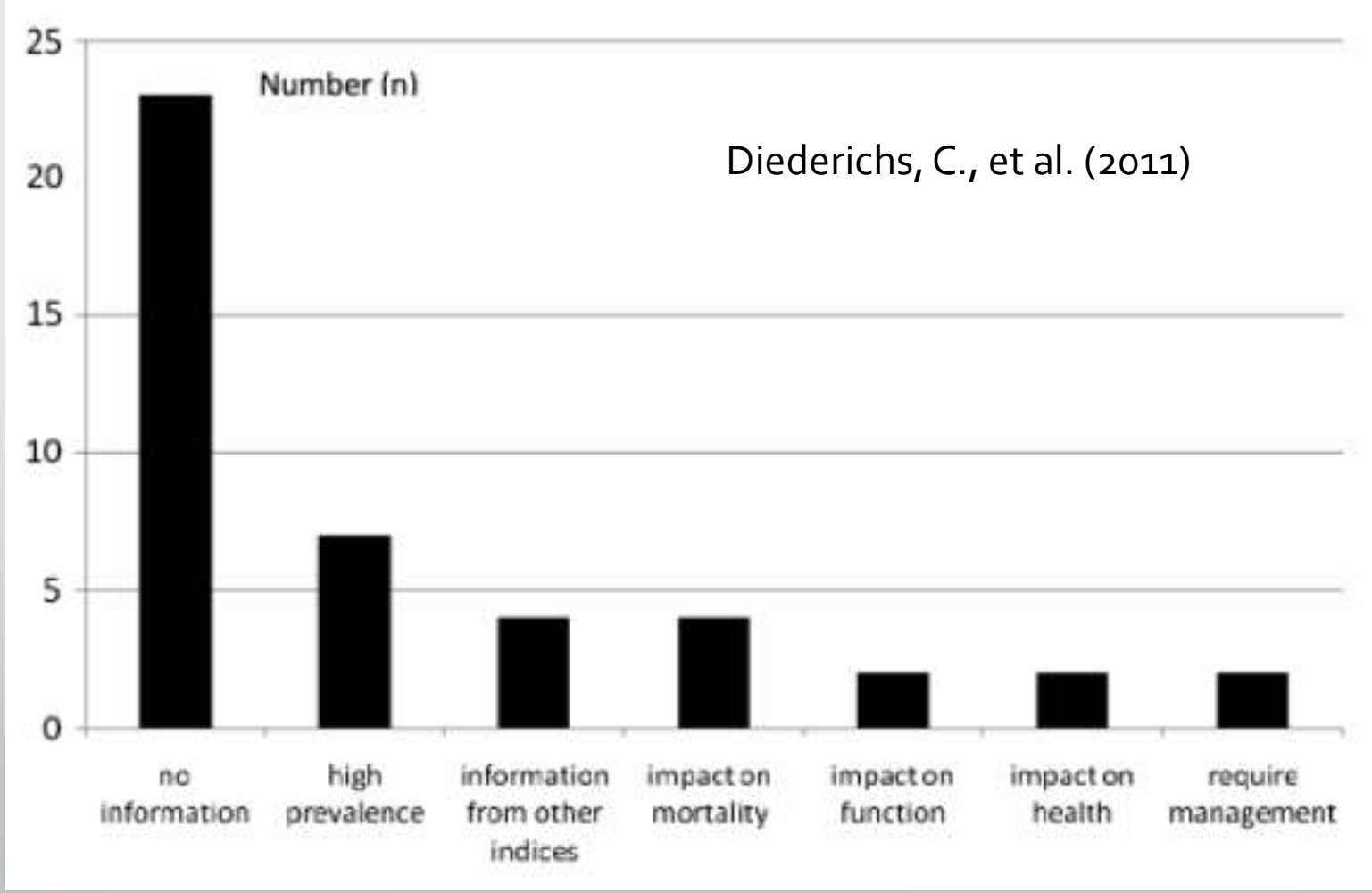


Figure 2: **Prevalence of multimorbidity by age and socioeconomic status**
On socioeconomic status scale, 1=most affluent and 10=most deprived.

Barnett, K., et al. (2012)

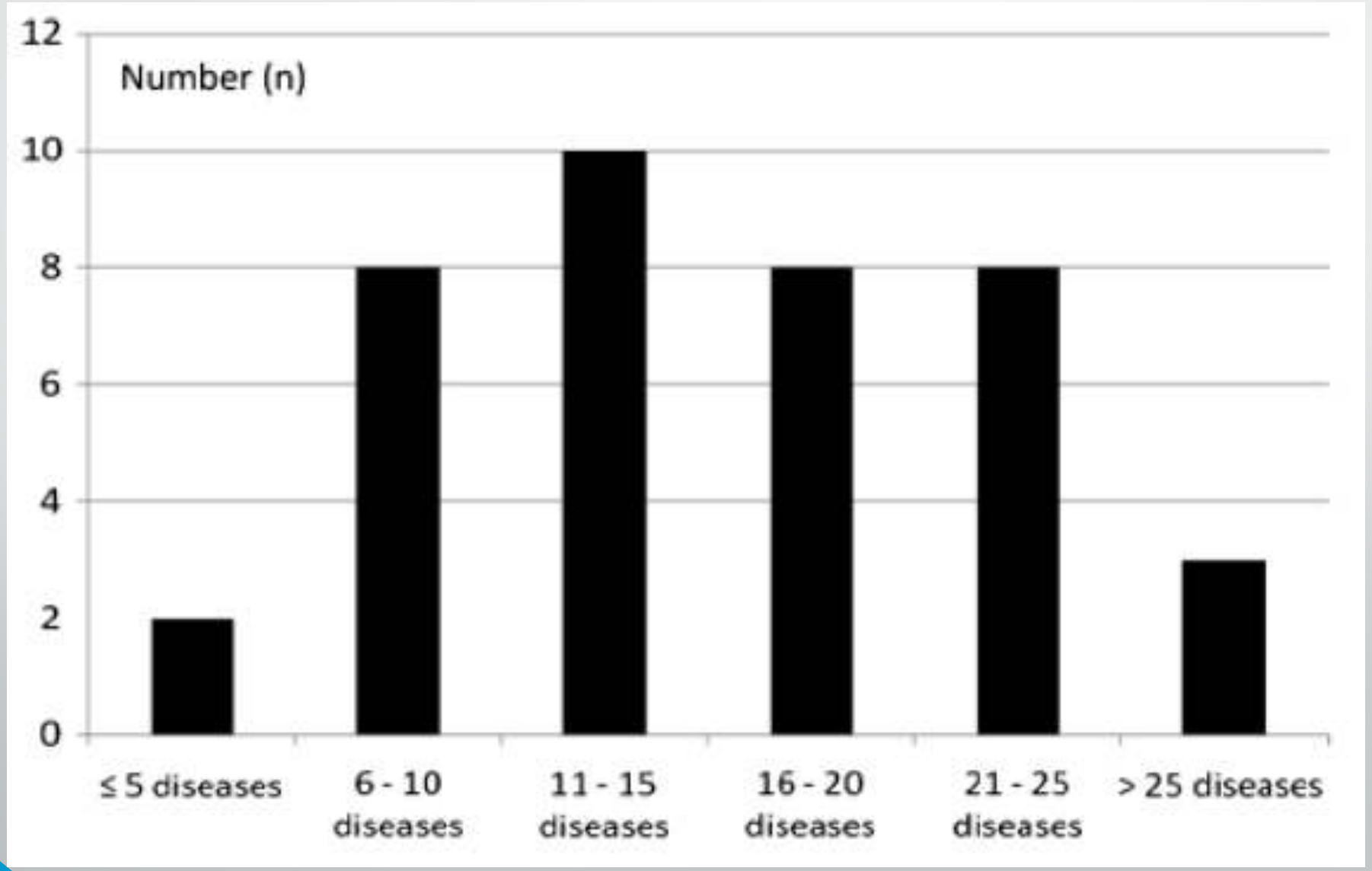
Criteria for the selection of diseases



Diederichs, C., et al. (2011)

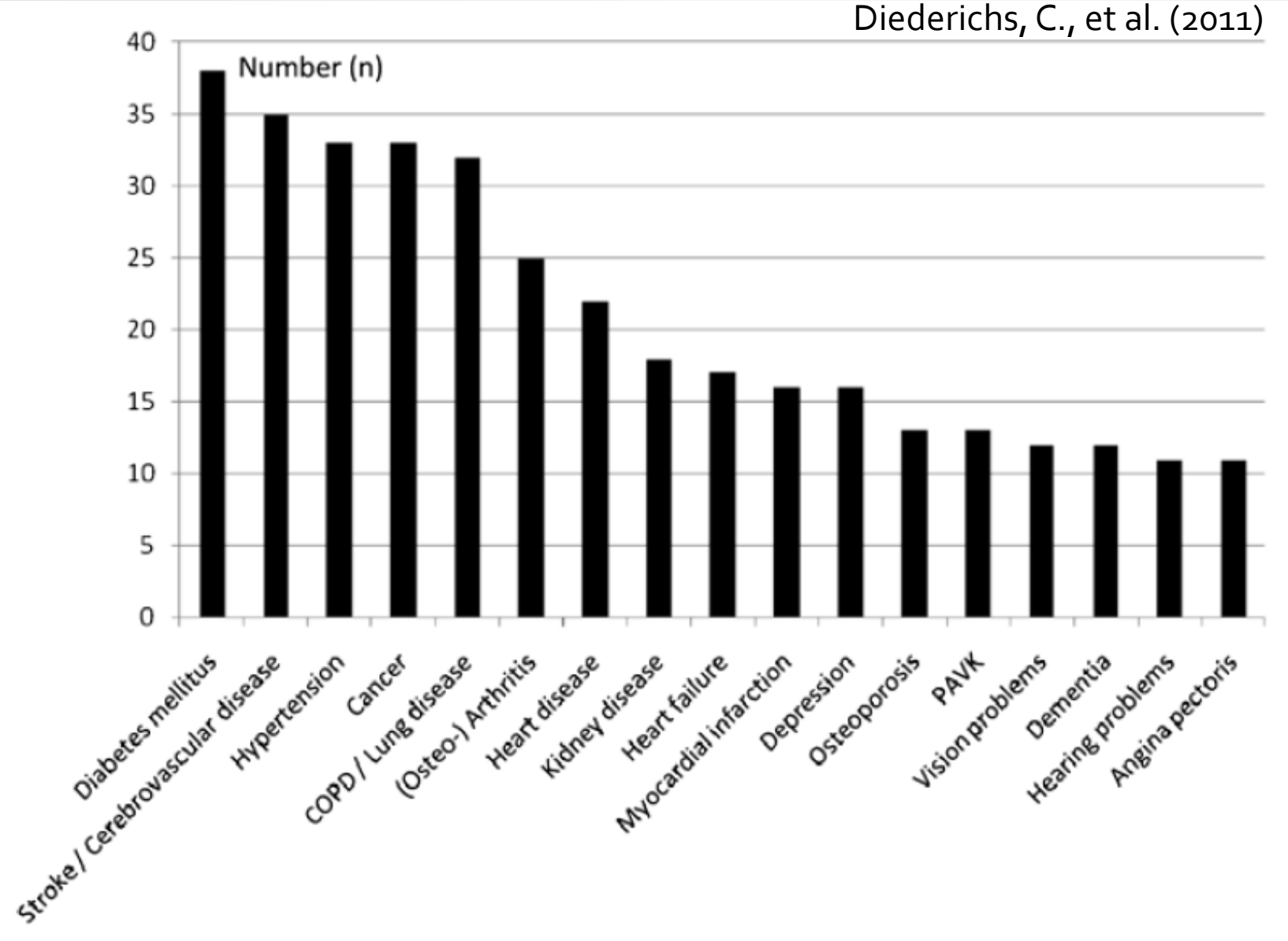
Number of diseases in 39 multimorbidity indices

Diederichs, C., et al. (2011).



Diseases in 39 different multimorbidity indices

Diederichs, C., et al. (2011)



Funcionalidade, multimordidade e outras questões de pesquisa

- Questões de pesquisa
  - Como definir multimorbidades?
  - Quais doenças devem ser incluídas nos índices de multimorbidade?
  - Sua associação fatorial
  - Sua associação com fragilidade
  - Sua associação com incapacidade
  - Outras

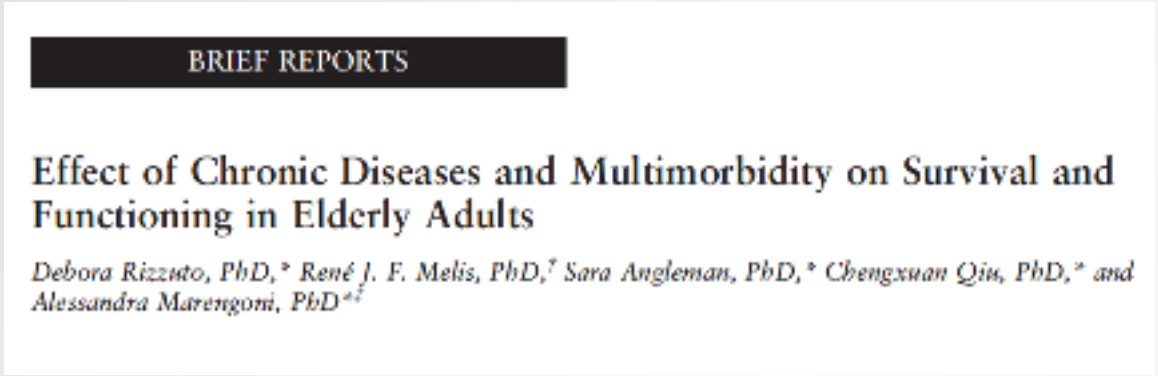
- Há uma ordem de prioridades que torne multimorbidade fundamental para o pensamento dos pesquisadores do envelhecimento humano?

BRIEF REPORTS

Effect of Chronic Diseases and Multimorbidity on Survival and Functioning in Elderly Adults

Debora Rizzuto, PhD, René J. F. Melis, PhD,† Sara Angleman, PhD,* Chengxuan Qiu, PhD,* and Alessandra Marengoni, PhD*‡*

Rizzuto, D., et al. JAGS (2017)


BRIEF REPORTS

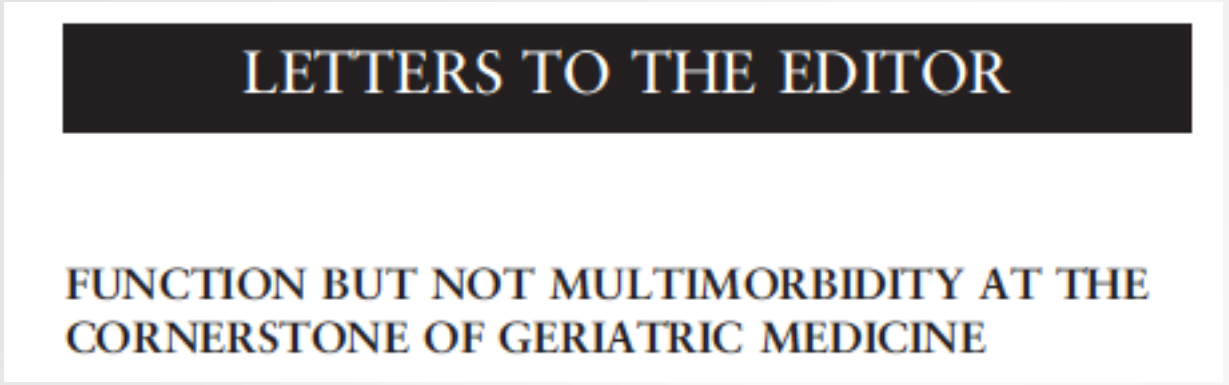
Effect of Chronic Diseases and Multimorbidity on Survival and Functioning in Elderly Adults

Debora Rizzuto, PhD, René J. F. Melis, PhD,† Sara Angleman, PhD,* Chengxuan Qiu, PhD,* and Alessandra Marengoni, PhD*‡*

- Aim
  - Determine effects of chronic diseases and multimorbidity on survival and function in older adults
- Sample
  - 1,099 individuals, ≥ 78 y.o., followed-up for 11 years
- Conclusion
  - Multimorbidity was the main negative effect on individual and societal levels

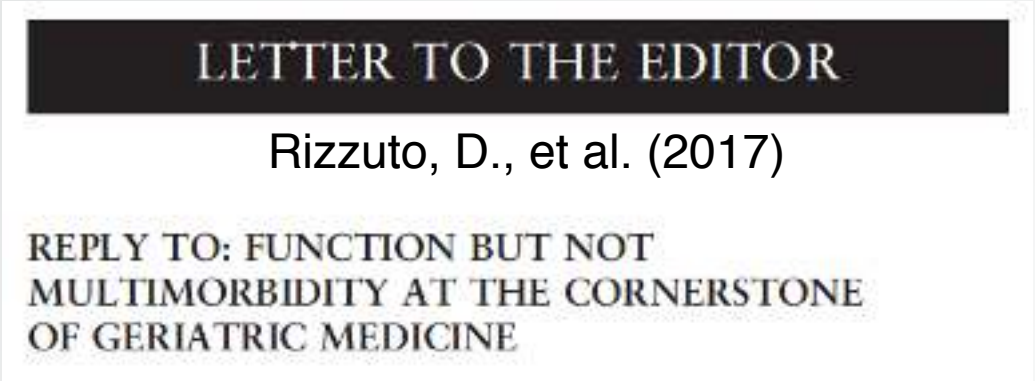
Rizzuto, D., et al. (2017)

Abizanda, P. and L. Rodriguez-Mañas (2017)

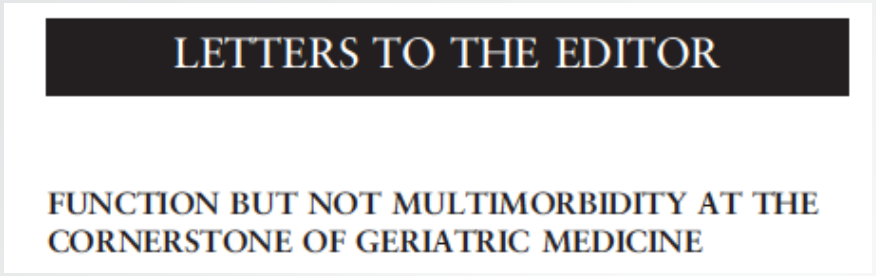

LETTERS TO THE EDITOR

FUNCTION BUT NOT MULTIMORBIDITY AT THE CORNERSTONE OF GERIATRIC MEDICINE

- Multimorbidity
  - Multimorbidity should be explored in older adults
  - Isolated analysis may lead to misinterpretations
  - Is not the most important factor modulating the intrinsic capacity
- WHO & intrinsic capacity
  - Functional status is the cornerstone of geriatric medicine
  - Gender, ethnics, social condition, genetics, lifestyle, frailty, geriatric syndromes, etc
- Functional issues
  - Key factors for the substantial differences between adult and older people



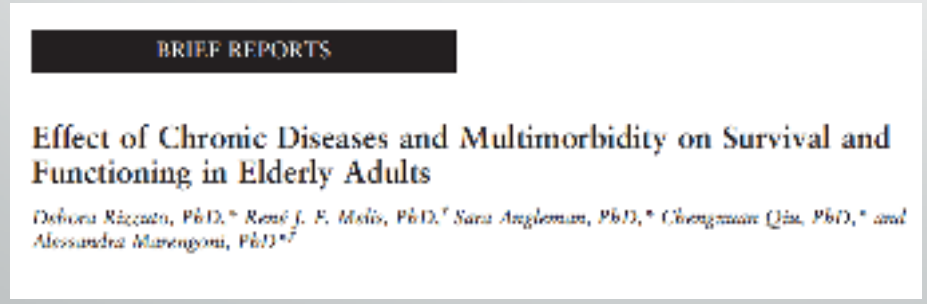
- Multimorbidity is a powerful means to communicate a more integrative perspective on health and disease in aging
- There is a compelling need to develop and implement systems that work for multimorbidity to deliver high-quality care to many individuals with multiple chronic conditions
- Fortunately, we are not alone in this position
  - American Geriatrics Society, 2012
  - NICE Multimorbidity Guideline, 2016



LETTERS TO THE EDITOR

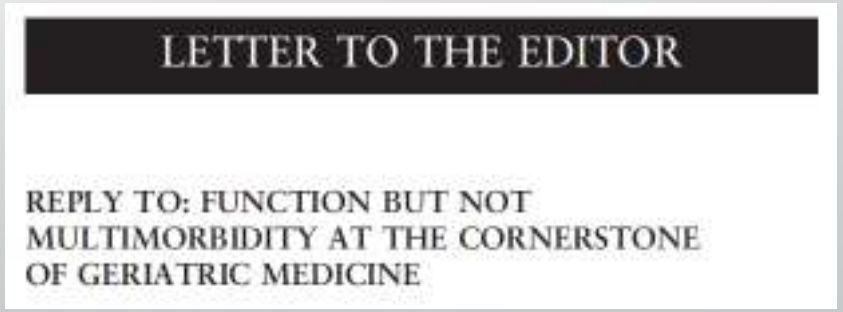
FUNCTION BUT NOT MULTIMORBIDITY AT THE CORNERSTONE OF GERIATRIC MEDICINE

? Por que é insatisfatória a resposta de Rizzuto et al. às questões levantadas por Abizanda e Rodriguez-Mañas?



BRIEF REPORTS

Effect of Chronic Diseases and Multimorbidity on Survival and Functioning in Elderly Adults



LETTER TO THE EDITOR

REPLY TO: FUNCTION BUT NOT MULTIMORBIDITY AT THE CORNERSTONE OF GERIATRIC MEDICINE

"Health policies for older adults must take into account mainly frailty and disability in subjects younger than 80 and disability in those older than 80."

Abizanda, P., et al. (2014). "Age, frailty, disability, institutionalization, multimorbidity or comorbidity. Which are the main targets in older adults?" J Nutr Health Aging **18**(6): 622-627.

American Geriatrics Society, Guiding Principles, 2012
NICE Multimorbidity Guideline, 2016

"Fortunately, we are not alone in this position: several attempts to fill in the gap of multimorbidity care have been published, first by the American Geriatrics Society in 2012,3 followed by the recently published NICE guidelines." (Rizzuto et al., 2017)

SPECIAL ARTICLES

Guiding Principles for the Care of Older Adults with Multimorbidity: An Approach for Clinicians

American Geriatrics Society Expert Panel on the Care of Older Adults with Multimorbidity*

J Am Geriatr Soc 60(10): E1-E25


SPECIAL ARTICLES

Guiding Principles for the Care of Older Adults with Multimorbidity: An Approach for Clinicians

American Geriatrics Society Expert Panel on the Care of Older Adults with Multimorbidity*

J Am Geriatr Soc **60**(10): E1-E25

- Management of single disease and multimorbidity
  - How to integrate care?
  - Single diseases CPGs results in impractical, irrelevant , harmful care
- Multimorbidity and studies protocols
  - Exclusion of multimorbidity patient
    - Study design and analysis, synthesis of trial, meta-analyses and systematic reviews
- For appropriated interpretation of results
  - Considered the exclusion or underrepresentation of older adults with multimorbidity



Domains of Multimorbidity
Guiding Principles
American Geriatrics Society, 2012

I. Patient preferences

II. Interpreting the evidence

III. Prognosis

IV. Clinical feasibility

V. Optimizing therapies and care plan

Functionality

- Inquiry about primary concern
- Conduct a complete review
- Medical conditions and interventions?
- Consider patient preferences
- Evidences about outcomes
- Consider prognosis
- Consider interactions
- Weigh benefits and harms
- Communicate and decide
- Reassess at selected intervals

Multimorbidity: clinical assessment and management

Multimorbidity: assessment, prioritisation and management of care for people with commonly occurring multimorbidity

NICE guideline NG56

Methods, evidence and recommendations

September 2016

NICE - National Institute for Health and Care Excellence

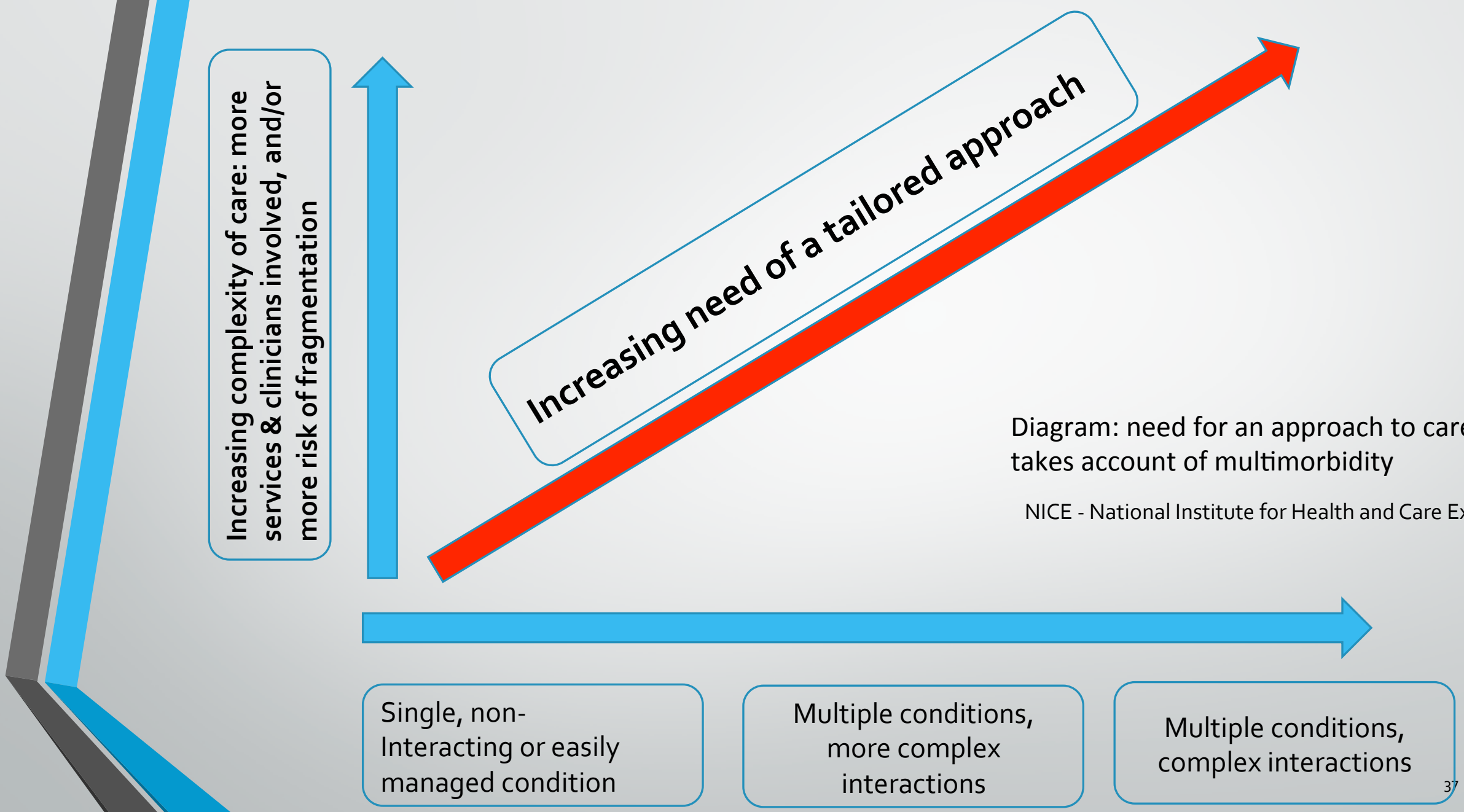
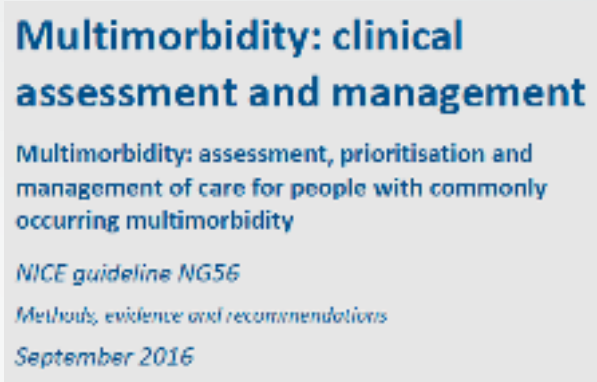


Diagram: need for an approach to care that takes account of multimorbidity

NICE - National Institute for Health and Care Excellence

NICE Guideline, 2016



- Difficulties to define multimordity
  - Focus on a pragmatic definition
- People who present significant problems to everyday functioning
- Problems may be due to the severity or nature of their conditions
- Ageing is not itself a condition to be included, but frailty will be

NICE - National Institute for Health and Care Excellence. Multimorbidity: Clinical assessment and management. 2016



NICE Guideline, 2016

- Be aware that multimorbidity
  - refers to the presence of 2 or more long-term health conditions
- Think carefully about the risks and benefits to use single disease evidences
- Consider an approach to care if the person requests it
- Identify adults with multimorbidity who may benefit from an approach design to it
- Consider assessing frailty in people with multimorbidity
  - Primary care and community care settings
  - Hospital outpatient settings

Bottom-line, NICE guidelines …

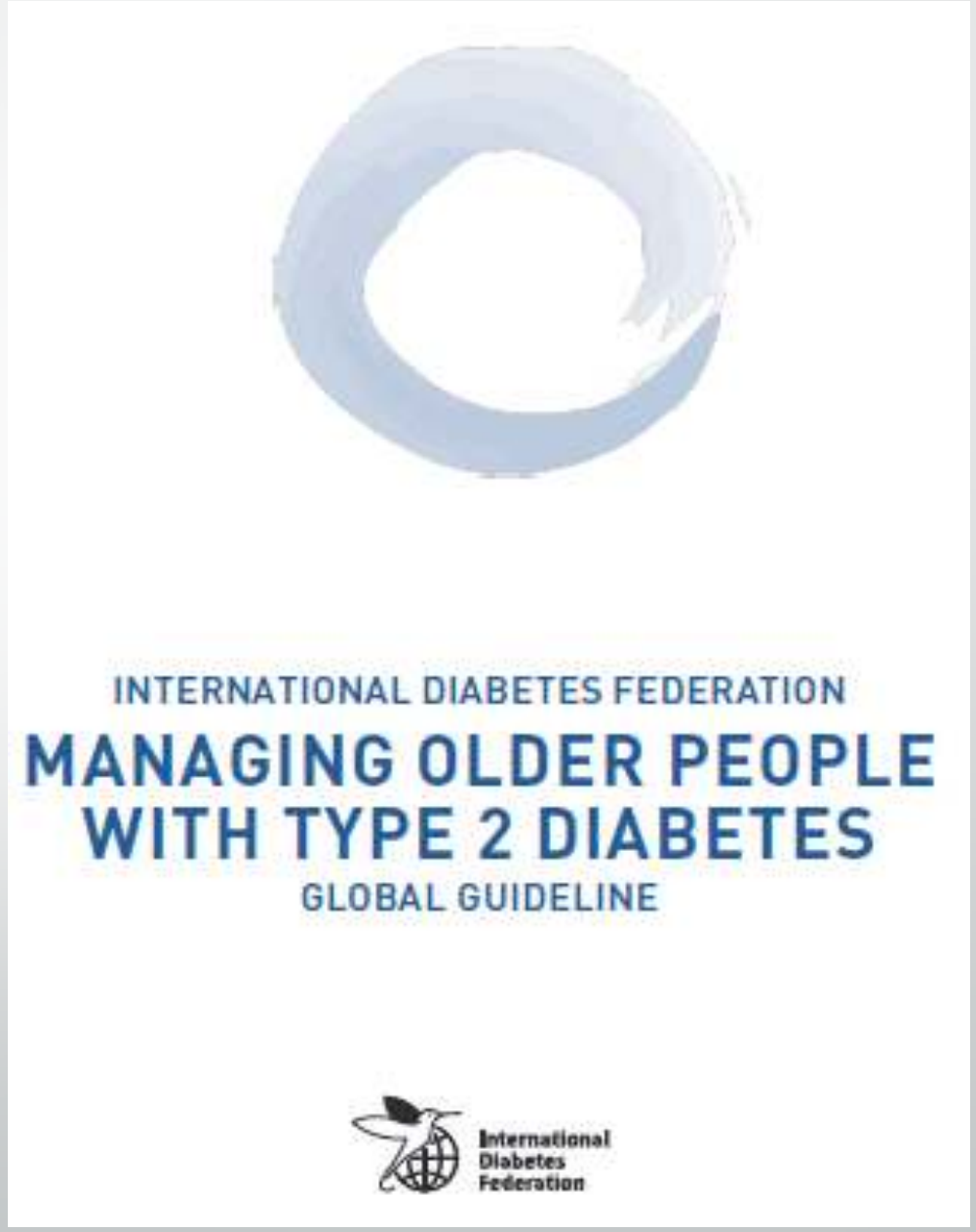
- Almost 450 pages
- A lot of systematized information
- A guide with rules to approach multimorbidity patient
- Included frailty as something to manage in older person

- BUT
  - It is a guide to manage all adults with multimorbidity
  - Functionality is included but is not a priority

Resumindo para concluir

- Problemas de investigação de condições crônicas em idosos
  - Condições únicas
    - Hipertensão arterial
  - Multimorbidades
    - A discussão de prioridades
      - Rizzuto & colaboradores versus Abizanda & Rodriguez-Mañas
      - AGS Guiding Principles and Multimorbidity NICE guideline
  - Hora de concluir comum exemplo de para onde deveríamos ir
    - Guia clínica da IFD

International Diabetes Federation (2013)



FUNCTIONAL CATEGORIES OF OLDER PEOPLE WITH DIABETES

- CATEGORY 1: FUNCTIONALLY INDEPENDENT
- CATEGORY 2: FUNCTIONALLY DEPENDENT
  - Subcategory A: Frail
  - Subcategory B: Dementia
- CATEGORY 3: END OF LIFE CARE

International Diabetes Federation (2013)

RECOMMENDATIONS: SCREENING AND DIAGNOSIS

International Diabetes Federation (2013)

CATEGORY 1: FUNCTIONALLY INDEPENDENT

- All general recommendations apply to this category.
- Routine testing for undiagnosed diabetes should be performed at least every 3 years and more frequently if clinically indicated (e.g. individuals with impaired glucose tolerance[61] and when an individual is admitted to an aged care home).

CATEGORY 2: FUNCTIONALLY DEPENDENT

Sub-category A: Frail

- Testing for undiagnosed diabetes should be performed when clinically indicated using simpler procedures.

Sub-category B: Dementia

- Testing for undiagnosed diabetes should be performed when clinically indicated using simpler procedures but especially when antipsychotic therapy is prescribed.

CATEGORY 3: END OF LIFE CARE

- Testing for undiagnosed diabetes should be performed using random glucose measurement when clinically indicated but especially when corticosteroids are prescribed.

International Diabetes Federation (2013)

Recommendations

- Screening and diagnosis
- Prevention
- Nutrition, physical activity, exercise
- Education, diabetes self-management, self-monitoring of blood glucose
- Cardiovascular risk
- Glucose control management and targets
- Others

International Diabetes Federation (2013). IDF Global Guideline for Managing Older People with Type 2 Diabetes.

E de um ponto de vista regional? Quais são suas questões específicas?

- Questões gerais
  - As mesmas já apontadas para os países afluentes
  - Definição adequada de fragilidade
- Questões específicas
  - Valores de referência adequados
    - Velocidade de marcha
    - Força de apreensão manual
    - Massa muscular
    - Gasto calórico
    - Outros

Conclusões

- We have to change this situation!

¡¡Muchas Gracias!!

Preguntas?