

Trends and developments on integrated care for frail older people in France

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In France as well as in other countries it is possible to identify 3 categories of elderly :

- Elderly needing long term care (“dependant people”) : 7 to 9%.
- Frail Elderly : 10%
- Healthy independent elderly : 81 to 83%

The structure of care is necessarily different for each population.

Frailty is a complex vulnerability syndrome described by Fried in 2004 as a physiologic state of increased vulnerability to stressors that results from decreased physiological reserves and deregulation of multiple systems.

The Fried description includes underlying modifications: inflammation, endocrine dys-regulations, nutritional modifications leading to a decrease in physiological reserves. The phenotype encompasses various symptoms: anorexia, weight loss, muscle weakness, fatigue, fear of falling, low physical activity, gait instability, slow gait speed.

The risk is the difficulty in maintaining homeostasis when a stressor occurs.

The consequences may be the occurrence of falls, adverse health outcomes, acute conditions, hospitalisations, disability, dependency, placement in institutions and death.

The total prevalence of frailty in people over 65 years is around 10%. From 4% from 65 to 74 years, 11.6% from 75 to 84 years and 25% at 85 years and more.

The structure of care must allow, thanks to systematic geriatric consultations, the prevention or treatment of the various risk factor: sarcopenia, osteopenia/osteoporosis, gait impairment and instability, nutrition problems.

A free geriatric consultation at 70 years and or at the age of retirement is experimented in France in the framework of the “Plan Solidarité Grand Age”.

The structure of care must not only prevent the conversion of frailty to dependency but also allow the frail elderly to get help to keep their daily life autonomy at home or in institutions.

In 2002 was created an allowance for the elderly needing care called APA (Allocation Personnalisée à l’Autonomie). It is financed by the local councils and a new agency called CNSA (Caisse Nationale de Solidarité pour l’autonomie).

The CNSA is not financed by general taxation but by an extra work day for all employees, a 0.3% tax for the employers and the health system for the medical expenditures.

This allowance is mainly given to dependant elderly but its objective is also to prevent the loss of autonomy of frail elderly.

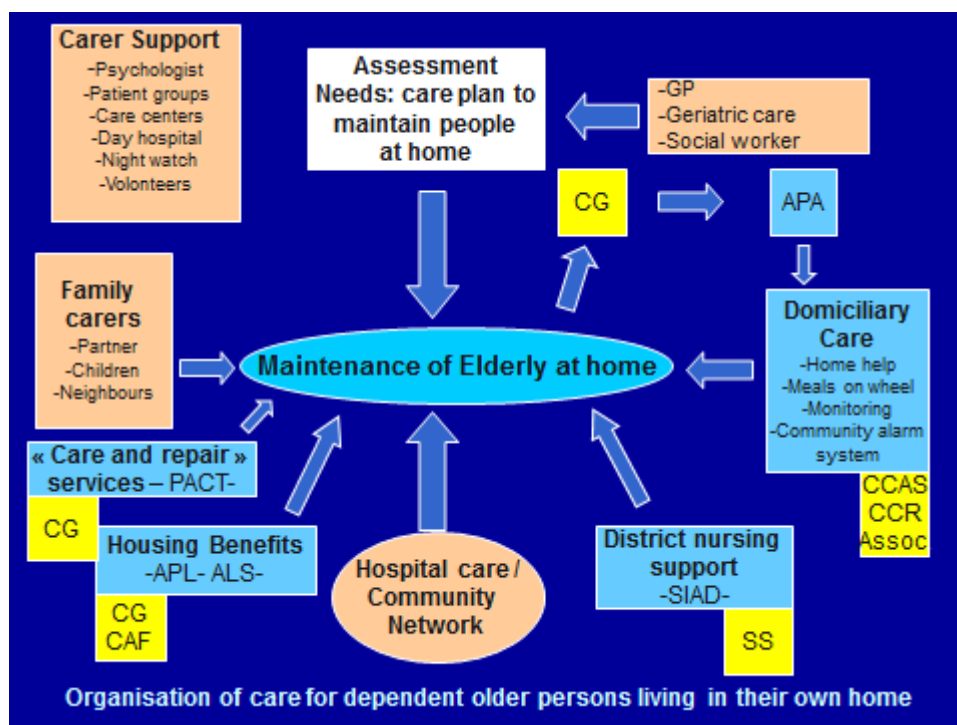
More than one million dependant people receive this allowance, mainly mildly impaired elderly and 61% of the beneficiaries live at home. A scale called GIR defines the degree of loss of autonomy. Frailty corresponds to the GIR 4 (very mildly impaired). The "GIR 4" frail elderly represent 44% of the beneficiaries and 80% live at home.

There are many key players for frail older persons living at home :

Family care givers or friends, family practitioners, homes services, meals on wheels alarm system, "clubs" for the elderly, day centres, volunteer associations.

According to the needs of the person, home services may integrate nurses, physiotherapists, psychologists etc...

The frail elderly is at the centre of a network including all these professionals and structures.



Most frail elderly want to live at home with the aid of their families and/or the home services. A placement in institution becomes necessary when an important loss of autonomy occurs most often linked to acute conditions or worsening of chronic diseases.

There are more than 680.000 places in institutions, including assisted living facilities, nursing homes, long-term care hospitals.

The institution fees are divided in 3 parts : the dependency costs taken in charge by the APA, the medical costs paid by the health system, the food and accommodation costs(1500 to 4000 € per month) ensured by the person and/or his/her family .

This last part poses difficult problems to patients and family because this amount is higher than the average retirement pension in France (1200€ per month). A law is in preparation to address this issue.

There have been several governmental plans since 2001:

1. Plan « **Vieillesse et solidarités** » 2003-2006
2. Plan « **Solidarité-Grand Age** », voted in 2006, confirmed in 2007 until 2012 : the annual number of new institution beds progressively increases in order to maintain the objective of 467 places/1000 inhabitants of 85 +.
3. Three « **Alzheimer** » plans : in 2001, 2004 and 2008, the last one covers the period until 2012.
4. Law « Handicap » 11/02/2005 : a tool for a decentralized management at the departement level - (**Priac**) : « *programmes interdépartementaux d'accompagnement des handicaps et de la perte d'autonomie* »

All these plans were important tools to improve the integrated care for the elderly in France. They allowed an important development of geriatrics, and in particular of academic geriatrics. The number of professors of geriatrics was doubled.

The issue of frailty is different if the definition includes cognitive impairment.

Indeed, the Rockwood criteria add incontinence and cognitive impairment to the phenotype.

The most important problem would therefore be the number of Alzheimer's victims which increases with the aging of the population. They are 20 million in the world, 4.6 million new cases per year, one case every 7 seconds. In France, 850 000 persons are victims of Alzheimer's diseases or apparented disorders, 225 000 new cases each year, 50% are not diagnosed, 17% are treated. These diseases are responsible for 70% of the institutionalisations and 72% of APA requirements.

The governmental Alzheimer plans are necessarily of the utmost importance, particularly to help the care givers. Indeed, a majority of care-givers are women, spouse, daughter, grand-daughter (58%); 72% are the partner, mean age of 71, retired in 2/3 of cases; 20% are a child : 81% a daughter (of which 70% are living with, mean age of 52).The

objective of the 3rd Alzheimer plan 2008-2012 were: 1- Improve quality of life for patients and caregivers, 2- Advance research efforts and knowledge, 3-Increase social awareness of AD. It has demonstrated its efficacy and has taken an important place in the integrated care of the elderly. The issue of frailty may include cognitive impairment but does not include dementia. Nevertheless, the notion of integrated care must comprise a continuum of care to take into account the possible worsening of the "frail" elderly conditions.

One of the major objectives of the care for the frail elderly is to prevent the conversion of frailty to an advanced stage of loss of autonomy. The structure of care must face this challenge with two key objectives: the promotion of health as a state of physical, social and mental well-being and the promotion of activity. The health and care system must first promote healthy life style :

- Education throughout life and health literacy
- Healthy nutrition
- Moderate and prolonged physical activity
- Intellectual activity and social interactions
- Prolonged professional activity and leisure activity
- Personal commitment and responsibility

The key players for prevention as a lifelong perspective are: GPs and paediatricians, Hospitals clinics, Schools, Universities, Mass media and the Work places.

IIC- France is convinced that the companies, the administrations, the working sector are the best place to promote prevention because most people are too tired or busy with children to be interested in prevention after a work day. The "Healthy company" project aims at demonstrating the efficacy of a prevention programme promoted by a company at the workplace.

The second objective of the challenge of longevity is to promote activity. A number of studies have demonstrated that, the level of education, the intellectual and physical activity, the social engagement and the prolonged professional activity could postpone the occurrence of the Alzheimer' symptoms.

Integrated care, promotion of health and activity are the best tools to, not only prevent the conversion of frailty to dependency but also reverse the frailty syndrome to the normal healthy status accessible to most elderly.