

News in Brief

How to manage frail older adults in the community? Proposal of a health promotion program experienced in a city of 16,638 inhabitants in France

Health promotion programs could prevent and delay frailty and functional decline. However, in practice, the planning and establishment of such a program is a challenge for health care providers. J De Kerimal et al (*J Frailty Aging* 2018;7(2):120-126) report an experimental model of screening and management for frail elderly conducted in Cugnaux, city of 16,638 inhabitants in France, by the Toulouse Gerontopole and the social care service of the Cugnaux City Hall. A frailty screening self-administered questionnaire (FiND questionnaire) was sent to community-dwelling residents of 70 years old and over of Cugnaux. The completed questionnaires were analyzed and the subjects were classed into three groups: robust, frail, mobility disability, based on their score. Frail subjects and those with mobility disability invited to undergo a frailty assessment in the premises of the town hall realized by a nurse in order to identify the causes of their frailty and propose them a personalized intervention plan (PIP). Results: The FiND questionnaire was sent to the residents of Cugnaux of 70 years old and over (n=2,003). After two mailings, 860 (42.9%) completed questionnaires were received. Mean age of the responders was 79.0 ± 6.2 years and 59.6% women (n=

511). According to the questionnaires analysis, 393 (45.7%) were robust, 212 (24.6%) frail, 240 (27.9%) had a mobility disability and 15 (1.7%) could not be classified due to missing data. 589 (68.5%) subjects accepted to be contacted by the Gerontopole nurse. The assessment by the nurse was proposed to frail subjects and those with mobility disability (n=313). Until 31 December 2016, 136 patients have been evaluated. The mean age was 80.1 ± 5.4 and most patients were women (69.9%). The mean ADL score was 5.8 ± 0.5 and the IADL showed a mean score of 6.9 ± 1.7 . According to Fried definition of frailty, 76 patients (55.9%) were pre-frail, and 35 (25.7%) frail. Concerning the frailty domains identified, 75 patients (55.1%) showed the alteration of physical performance, 70 (51.5%) thymic disorders and 46 (33.8%) sensory disorders. Preventive interventions proposed in the PIP were mostly physical interventions (86.8%, n=118) followed by cognitive (61.8%, n=84) and nutritional (39.7%, n=54) interventions. Discussion: This project shows the feasibility to implement a care model in the community. It permitted a large identification of frail elderly people in the city population, insuring their assessment and clinical follow up to maintain their capacities and referring them to social services. *J. de Kerimal ; N. Tavassoli ; C. Lafont ; M. Soto ; M. Pedra ; F. Nourhashemi ; C. Lagourdette ; L. Bouchon ; A. Chaléon ; S. Sourdet ; Y. Rolland ; M. Cesari ; B. Vellas: How to Manage Frail Older Adults in the Community? Proposal of a Health Promotion Program Experienced in a City of 16,638 Inhabitants in France. J Frailty Aging 2018;7(2):120-126. <http://dx.doi.org/10.14283/jfa.2017.47>*