Summary

Health Council of the Netherlands. Prevention in the elderly: Focus on functioning in daily life. The Hague: Health Council of the Netherlands, 2009; publication no. 2009/07

With old age come ailments, and often one or more chronic diseases. In this case treatment does not always mean cure, but often preventing worse, by combating and reducing the effects. This may require different care from what is currently being offered. With this in mind, the Minister of Health, Welfare and Sport asked the Health Council of the Netherlands how 'prevention and proactivity might play a significant role' in the effective and efficient care for the elderly. This care must lead to, among other things, 'a decreased burden of disease, better functioning and less disability'. This advisory report outlines how these questions may be answered. It supports the focus on functioning in daily life, but points out that a great deal is still necessary if this intention is to be realised.

Successful ageing can be compatible with disease

Healthy ageing is a prominent theme in various national and international policy memoranda, plans of action and research programmes. This is not limited to maintaining good physical and mental health, but importantly also promotes a process that enables elderly people to live, and continue to live, lives of good quality, as independently as possible, and to continue participating in society. The latter two points are often referred to as 'successful ageing'. The committee feels this broader framework is of great importance. As the health of the elderly – medically speaking – eventually proves lacking, values such as functioning in daily life and wellbeing become increasingly important. Health, functioning and

wellbeing are strongly interdependent. The committee therefore interpreted the minister's question about preventive possibilities for the elderly by according these values or outcome measures the central importance they deserve. In other words, healthy and successful ageing is not just about preventing and postponing disease and death, but also about preventing disability and reducing dependency on care. Addressing these issues of functioning also serves the wellbeing of elderly people.

Disabilities are the result of multiple factors

Why is it that people experience greater difficulty when performing regular daily activities – such as caring for themselves, shopping and maintaining social contacts – as they grow older? And why do elderly people experience these problems differently, even when their medical situations are largely similar? Of the partial causes that contribute to the occurrence and development of such limitations, chronic disease and physical and mental impairments are the most important. These become more common with increasing age. Personal factors, such as lifestyle, coping skills in dealing with disease and the motivation to remain socially active, also play a part. The same holds for environmental factors, such as socioeconomic position and living conditions. All of these factors are also closely interrelated.

Prevention in the elderly: a new perspective is needed

In order to fully utilise the potential for healthy ageing, a new perspective on prevention in the elderly is needed. Prevention of limitations to function is necessary in addition to prevention of disease. The committee calls this 'function-oriented prevention'. This form of prevention is not focused on a specific disease and its consequences, but on a problem with functioning; it looks at activities that may prevent disability independently of or in addition to a disease-oriented approach through specific prevention of functional deterioration and limitations, strengthening the individual's potential for maintaining or promoting functioning in daily life, and influencing non-disease linked factors that threaten this functioning.

Function-oriented prevention is important for other reasons as well. For several diseases, no breakthroughs in prevention and treatment are expected in the short term, so function-oriented prevention is the only thing that may add to a better effect. Importantly, it may also limit the need for care.

Function-oriented prevention adds options

The available knowledge of determinants provides a large number of potential starting points for function-oriented prevention; ultimately it is all about identifying which can actually be influenced positively and how. Explicit attention should also be given to influencing personal and environmental factors, not only as determinants for functional limitations but also as sources of motivation for functioning independently in daily life. Examples include general programmes for self-management, stimulation of self-confidence and safety, and improvements around the house. In more general terms, prevention of disability – depending on the nature of the problems – will have to encompass a narrower or broader scale of integrated measures, ranging from medical treatment and rehabilitation to support with activities, devices, care facilities and modifications to the physical and social environment. The function-oriented perspective should also play a greater role in care-related (tertiary) prevention than is currently common.

Measures must address heterogeneity among the elderly

With the advancement of years, while the odds of impairments and functional deterioration increase, the differences between elderly individuals are considerable. At one end of the spectrum is the active, well-off elderly person, at the other the vulnerable geriatric patient. Between these two extremes lie a multitude of profiles, depending on functioning, burden of disease, vulnerability, and the corresponding complexity of care demands. The essential precondition for successful prevention is to tailor the desired goals and planned measures to the individual or target group. Methods to determine risk profiles and identify at-risk groups are essential in this process. A validated, coherent instrument for this does not yet exist, but tools are available for individual elements.

The heterogeneity of the elderly population is reflected by the gains prevention may achieve. In healthy, active elderly people, maintaining health and participation will be the primary concern. It is important to address the need for functional recovery immediately in the event of temporary functional deterioration. For vulnerable geriatric patients, the focus will likely be on wellbeing rather than functioning in daily life. The groups in between will benefit from a variety of forms of prevention focused on maintaining function, depending on their specific risk profiles.

The elderly should have a clear voice in the matter

The committee wishes to emphasise that elderly people can and must play an active part in defining the goals and form of preventive activities. This applies at all levels: from daily practice to government policy. There may well be tension between the propagated promotion of health and social participation on the one hand, and on the other hand the potentially differing desires among elderly people in the face of changing priorities that gain importance as they approach the ends of their lives. Preventive policies should be careful to take this into account.

The committee also feels a client-centred approach and tailoring to the actual needs of the elderly individual must take a central role in the design and implementation of concrete preventive activities. Elderly patients, by learning to deal with all manner of aspects of disease and (potential) disabilities in a individual manner, can contribute to the maintenance of functioning independently as well as to the effectiveness and efficiency of the care provided. Empowering elderly people to sustain this active role is an important social development. Even if an individual's ability to make an active contribution diminishes, determining and realising personal goals remain of major importance.

Solid research into effective prevention of disability is sorely needed

It was not the committee's task to extensively inventory and evaluate the state of knowledge regarding effectiveness and efficiency of specific activities that may be categorised under 'prevention in the elderly'. It did, however, note that we know a great deal about the determinants of limitations and dependency on care, but that knowledge of the effectiveness of preventive interventions is fragmented, heterogenic and still lacking in a variety of areas. It is the opinion of the committee that the following general and specific themes deserve a place on the research agenda:

- To begin with, it is important that various determinants of functional limitations be mapped out systematically. Explicit attention for psychosocial factors is needed. Additionally, there is a need for operationalisation and validation of measurement instruments for functioning in daily life.
- As a follow-up to the study of determinants, research into the development and evaluation of interventions focused on promoting independent functioning in daily life is needed.
- The best way to draw up risk profiles in order to determine the best target group must also be evaluated.

- The necessity, effectiveness, efficiency and most suitable target groups must be assessed for screening programmes targeting functional deterioration.
- Finally, research into organisational design of interventions is crucial, including the examination of the factors that contribute to effective implementation. Potential forms of cooperation between primary and secondary care deserve special attention.

These themes can be implemented as part of the *Nationaal Programma Ouderenzorg (*National Programme for Elderly Care). However, the crucial development of knowledge in this complex field demands a longer term programme.

Better prevention involves all parties

There are numerous indications that there are gains to be made in this broad preventive field, but the committee feels all parties need to do their part. A proactive stance should be expected from care professionals within and outside the medical sector. This means they must actively identify the risks elderly patients run of a cascade of functional deterioration and the associated care needs, by looking beyond the boundaries of their own discipline. Primary care plays a key role in this process, particularly regarding elderly patients whose independent functioning in daily life is threatened or limited. Elements that deserve attention include:

- Profiles for vulnerability and functioning: map risk factor clusters, taking into account an individual's physical, mental and social status.
- Interventions and organisational structures: analyse the competencies required on medical and non-medical levels to help elderly individuals with certain risk profiles. Determine the best management approach through experiments.

The committee recommends explicit attention be paid to functioning in the further creation of professional treatment guidelines. In each case, the relevant professional groups and groups representing the interests of patients or clients must have their say. It is equally important that professionals tailor their actual daily practice to the needs of individual patients or clients. Education and training must take the lead in strongly promoting this perspective on prevention in the care of the elderly.

However, guidelines, daily practice, educational and training also require greater insight into the effectiveness and efficiency of preventive measures and facilities, with indicators for functioning and wellbeing as outcome measures. It is up to the government to stimulate a longer term research programme in this

area. That same government will also have to address involved parties, from umbrella organisations to professional groups, to encourage them to implement preventive measures of proven value.

The importance the government attributes to stimulating independent functioning in daily life is fully supported by this advisory report. However, results require investment in all manner of areas: knowledge, professional development, organisation, legislation and regulation, financing, and last but not least, actual involvement of the elderly themselves.