

## **Premio Hestia 2018 a la mejor comunicación presentada en un congreso**

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### **Integrated geriatric and primary care management of frail older adults in the community**

**INTRODUCTION.** Frailty is a reversible state of vulnerability towards disability and other outcomes in older adults. We are implementing an integrated programme between geriatrics and primary care, based on screening, comprehensive geriatric assessment and tailored intervention.

**OBJECTIVE:** To assess the impact of a multidisciplinary intervention program on physical performance and frailty in dwelling older adults.

**METHODS.** After screening in primary care (Gerontopôle FST), subjects are referred to geriatrician and physiotherapist, who perform comprehensive geriatric assessment and implement a tailored plan, shared with primary care and based on physical activity (PA, 10 group sessions, 1hour/week of functional, endurance, flexibility and aerobics exercises), plus nutritional education and optimization of medications. We assessed the impact on physical performance in a 3-months follow-up.

**RESULTS.** In the first 6 months of the program, we included 81 older community-dwellers (mean age $\pm$ SD=81.8 $\pm$ 5.4 years, 72.3% female). Despite good functional capacity (Barthel=95, IQR=90-100, Lawton=6, IQR=3-7.5, 41% living alone), 36,1% were at least "vulnerable" according to the Clinical Frailty Scale, and had impaired physical function (SPPB $\pm$ SD=6.2 $\pm$ 2.8, gait speed $\pm$ SD=0.77 $\pm$ 0.15 m/s , 36,1% with falls last year). Comorbidity was low (Charlson=2, IQR=1-4), but 85.5% had polypharmacy (mean $\pm$ SD=8.2 $\pm$ 3.7 drugs). Intervention: 92,7% participated in PA, 97,6% received health education and 60,2% treatment modifications. At 3 months (N=39) , adherence to PA was high (57.4%  $\geq$ 7.5 sessions), with improved physical function: mean+SD SPPB=8.6 $\pm$ 2 (mean improvement=1.6, CI95%=1.6-1.8, p<0.001), gait speed=0.77 $\pm$ 0.15m/sec (mean improvement=0.09 m/s, 95%CI=0.09-0.11, p<0.001).

**CONCLUSIONS.** According to our results, a multidisciplinary and comprehensive geriatric intervention in frail older community-dwellers improved physical function and almost reversed frailty at 3 months, according to established physical performance scales' cut-offs.