

V Update en Geriatria- #GeriCat19

Vic, 5 de març de 2019

*“La millor evidència
en geriatria i gerontologia
de Catalunya i internacional de l’any 2018”*

14 th EuGMS, International Congress of the
European Geriatric Society Medicine Society

Autors Marta Guerreiro

Elisabet de Jaime



14th EuGMS

International Congress of the European
Geriatric Medicine Society

Advancing
Geriatric Medicine
in a Modern World

Berlin, Germany
October 10/12, 2018



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14th EuGMS

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DIMECRES 10

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TIME TABLE
WEDNESDAY, OCTOBER 10

14th EuGMS



	PLENARY ROOM	ROOM 2	ROOM 3
14.30 16.00	OLDER PATIENTS WITH DIABETES IN A MODERN WORLD IN COLLABORATION WITH SIG ON DIABETES	DIFFERENTIATING HEALTH FROM DISEASE IN OLD AGE	ANAEMIA AS A COMORBIDITY IN OLD PATIENTS
16.00 17.30	KEEPING DEMENTIA CARE AT THE FOREFRONT	EDA-EuGMS SYMPOSIUM OPTIMISING THE MANAGEMENT OF DELIRIUM IN DAILY PRACTICE	ORAL HEALTH IN OLDER ADULTS
17.30 18.00	BREAK		
18.00 19.30	OPENING CEREMONY OPENING LECTURE MULTIDIMENSIONAL COMPARISON OF SOCIETIES' ADAPTATION TO SOCIETAL AGING CREATIVITY AND WISDOM IN THE WORK OF JOHANN SEBASTIAN BACH PERFORMANCE OF JOHANN SEBASTIAN BACH'S MUSIC		
19.30	WELCOME RECEPTION		

ROOM 4	ROOM 5	ROOM 6	ROOM 7
FRAILITY IN GERIATRIC PSYCHIATRY: A HIGH RISK CLINICAL POPULATION	SUBMITTED EuGMS/FFN SYMPOSIUM OSTEOSARCOPENIA: A NEW GERIATRIC SYNDROME	SUBMITTED SYMPOSIUM ADVANCING THE TEACHING OF GERIATRIC MEDICINE: @ THE EDGE OF TOMORROW'S POSSIBILITIES!	ORAL COMMUNICATIONS METABOLISM AND NUTRITION
GERIATRICS AND OTHER SPECIALISTS WHY DO THEY NEED EACH OTHER?	SUBMITTED IGRIMUP SYMPOSIUM FROM OBSERVATION TO INTERVENTION: EVIDENCE TO INFORM PRESCRIBING AND DEPRESCRIBING IN OLDER PEOPLE	SUBMITTED SYMPOSIUM SPECIAL CARE UNITS FOR OLDER ACUTELY ILL PATIENTS WITH COGNITIVE IMPAIRMENT IN THE UNITED KINGDOM, FRANCE AND GERMANY	ORAL COMMUNICATIONS PRE AND POST OPERATIVE CARE AND GERIATRIC REHABILITATION
BREAK			
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DIMECRES10

- **ORAL HEALTH IN OLDER ADULTS**

- **Chairs:**

- Regina Roller-Winsberger, Austria**

- Katrin Singler, Germany**

- **Oral health status in old age**

JUSTYNA HAJTO-BRYK, POLAND

- **Interactions between oral and general health**

NICOLAS MARTÍNEZ-VELILLA, SPAIN

- **Prevention of oral problems in old age**

ANASTASSIA KOSSIONI, GREECE

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- **ORAL HEALTH STATUS IN OLD AGE**
- **JUSTYNA HAJTO-BRYK**
- **POLAND**
- La higiene oral controla la patogenicitat del biofilm de les dents, mucosa oral i pròtesis dentals
- Prevé la gingivitis, periodontitis i mucositis
- Redueix el risc de càries
- La rutina diària d'higiene oral s'altera per la fragilitat, deteriorament cognitiu i destresa manual
- La malaltia periodontal és la condició crònica inflamatòria més prevalent
- La *Candida albicans* forma part de la flora oral (nivells subclínic) però en casos de xerostomia, ús d'inhaladors esteroides i quimioteràpia s'afavoreixen les infeccions oportunistes



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- **INTERACTIONS BETWEEN ORAL AND GENERAL HEALTH**

- **NICOLAS MARTÍNEZ-VELILLA**

- **SPAIN**

- La periodontitis i les càries dentals són les malalties orals més importants
- Les malalties sistèmiques poden augmentar el risc de malaltia oral i viceversa
- La malaltia periodontal severa s'associa amb diabetis
- La malaltia periodontal prediu el desenvolupament de malaltia renal terminal en pacients diabètics
- Individus diabètics amb malaltia periodontal tenen pitjor control glicèmic i més complicacions cardiovasculars
- Ser edentat o parcialment edentat augmenta el risc de mortalitat cardiovascular



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- **PREVENTION OF ORAL PROBLEMS
IN OLD AGE**

- **ANASTASSIA KOSSIONI**

- **GREECE**

- Els metges som els responsables dels fàrmacs que pautem (en determinats fàrmacs com corticoides i suplementos nutricionals després del seu ús es recomana el raspall de dents)
- A vegades és difícil realitzar el raspallat de dents. En aquestes ocasions s'aconsella en Geriatria distreure'ls, utilitzar 2 raspalls, ... Imaginació
- Pagina web on ensenyen al geriatra com enfocar la higiene oral: <http://igec.uiowa.edu/gerialearning>
- Aliments àcids han de ser limitats i el raspallat de dents ha de fer-se als 20-60 min per l'erosió causada per l'àcid amb el dentífric



DIMECRES10

- **SUBMITTED IGRIMUP SYMPOSIUM FROM OBSERVATION TO INTERVENTION: EVIDENCE TO INFORM PRESCRIBING AND DEPRESCRIBING IN OLDER PEOPLE**

- **Chairs:**

- Doron Garfinkel, Israel**

- Michael Denkinger, Germany**

- Prescribing and deprescribing: addressing inappropriate medication use in older adults.

DANIJELA GNIJDIC, AUSTRALIA

- Withdrawal versus continuation of long term antipsychotic drug use for behavioural and psychological symptoms in older people with dementia

MIRKO PETROVIC, BELGIUM

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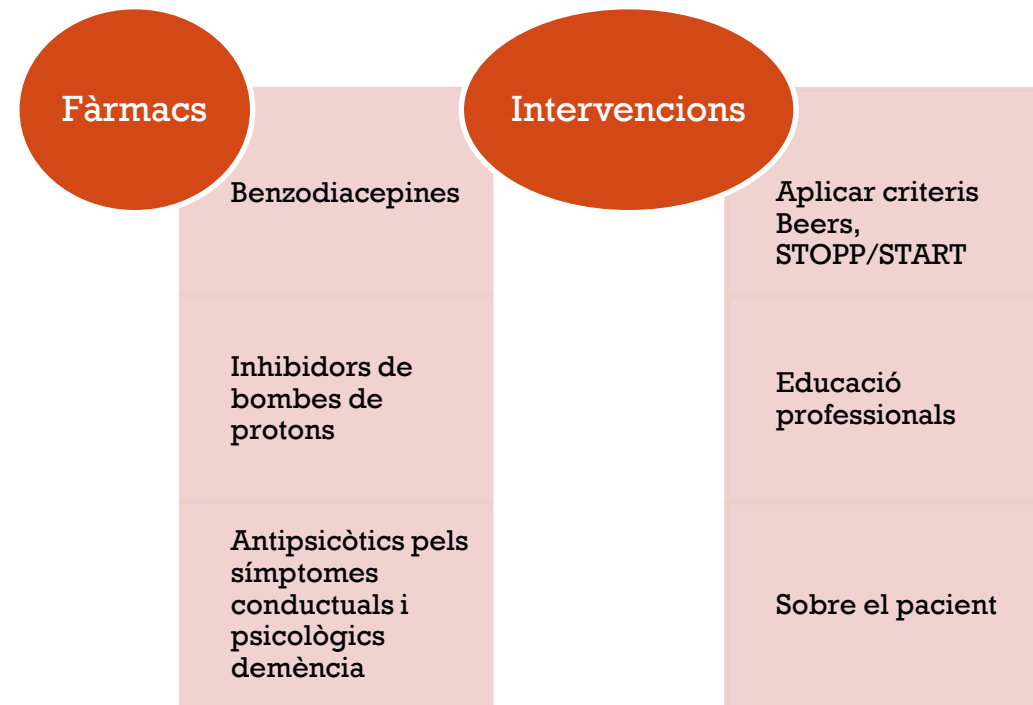
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- **PRESCRIBING AND DEPRESCRIBING: ADDRESSING INAPPROPRIATE MEDICATION IN USE IN OLDER ADULTS**

- **DANIJELA GNIJDIC**
- **AUSTRALIA**

- **Evidència de diferents formes de fer deprescripció**



CONCLUSIONS

BONA EVIDÈNCIA QUE NO FA MAL

Estudis d'intervenció

Dades d'assajos clínics de qualitat (però limitades)

EVIDÈNCIA DE QUE POT FER ALGUN BENEFICI

Bons resultats en reduir polifarmàcia

Dades més limitades en variables clíniques i centrades en pacient

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CURRENT GAPS

Implementar-la en la pràctica diària

Invertir diners

Educar als professionals



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- **WITHDRAWAL VERSUS CONTINUATION OF LONG TERM ANTIPSYCHOTIC DRUG USE FOR BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS IN OLDER PEOPLE WITH DEMENTIA**
- **MIRKO PETROVIC**
- **BELGIUM**
- 10 RCT n=632
 - 8 NH, 1 primary care, 1 both
 - curts –mitja 19 setmanes
 - diferents esquemes de retirada –porten > 3m de tractament
 - 7/9 no canvis amb retirada
 - 2 estudis :
 - NPI < 14: menys agitació en grup stop
 - NPI > 14: pitjor

Withdrawal versus continuation of long-term antipsychotic drug use for behavioural and psychological symptoms in older people with dementia.

[Van Leeuwen E](#), [Petrovic M](#), [van Driel ML](#), [De Sutter AI](#), [Vander Stichele R](#), [Declercq T](#), [Christiaens T](#). *Cochrane Database Syst Rev*. 2018 Mar 30;3:CD007726. doi: 10.1002/14651858.CD007726.pub3



CONCLUSIONS

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- Es pot deprescriure sense que apareguin efectes adversos
- Prudència en pacients amb clínica de psicosis, agressivitat i agitació o simptomatologia greu (NPI>14): no queda clar el risc de reaparició
- Està basat en estudis petits i de curta durada
- Cal més evidència sobretot en clínica severa/moderada



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THURSDAY, OCTOBER 11

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	PLENARY ROOM	ROOM 2	ROOM 3	ROOM 4
08.30 10.00	INFORMATION AND COMMUNICATION TECHNOLOGY-BASED TRAINING IN GERIATRIC PATIENTS	SIG PALLIATIVE CARE SYMPOSIUM DISCONTINUING TREATMENTS NEAR THE END OF LIFE: CHOOSING WITH CARE IN A CONTEXT OF UNCERTAINTY	DIAGNOSIS OF COGNITIVE DISORDERS	ESCEO-EuGMS SYMPOSIUM CALCIUM AND VITAMIN D SUPPLEMENTATION IN OLDER PEOPLE: WHY, WHEN AND HOW MUCH? SUBMITTED
10.00 10.30	BREAK			
10.30 12.00	INNOVATIONS IN SARCOPENIA	PROS AND CONS SESSION TRAINING IN DEMENTIA	CARDIOVASCULAR CARE OF OLDER ADULTS	IAGG-EU - EuGMS SYMPOSIUM BETTER UNDERSTANDING OF THE MEANING AND INDIVIDUAL EXPERIENCE OF AGEING
12.00 13.30		LUNCH SESSION Sponsored by Nestlé Health Science NEW EVIDENCE FOR MEDICAL NUTRITION TO IMPROVE PATIENT OUTCOMES	LUNCH SESSION Sponsored by GlaxoSmithKline AGEING, INFECTIOUS DISEASES AND VACCINATION	LUNCH SESSION Sponsored by Fresenius Kabi BEST PRACTICE SHARING FOR THE MANAGEMENT OF FRAILTY
13.30 14.15	KEYNOTE LECTURE OSTEOPOROSIS THERAPY BEYOND THE AGE OF 80			
14.15 14.30	BREAK			
14.30 16.00	HYPERTENSION IN OLDER PEOPLE PARTICULARITIES AND PRECAUTIONS	SENSORS, BIOMARKERS, VIDEO-FOOTAGE FOR A BETTER UNDERSTANDING OF FALL MECHANISMS	MANAGEMENT OF MALNUTRITION...	T&F GROUP GERONTOLOGY SYMPOSIUM THE IMPORTANCE OF ORAL HEALTH ASPECTS IN FRAIL OLDER
16.00 17.30		SPONSORED SYMPOSIUM Sponsored by Sprintt SPRINTT TRIAL ON FRAILTY: AN UPDATE	SPONSORED SYMPOSIUM Sponsored by Ontex NEW ADVANCES IN THE MANAGEMENT OF URINARY INCONTINENCE IN OLDER PEOPLE	SPONSORED SYMPOSIUM Sponsored by MSD IMMUNISATION AS A FOUNDATION OF ACTIVE HEALTHY AGEING

ROOM 5	ROOM 6	ROOM 7	HANDS-ON ROOM
SYMPOSIUM PHYSICAL RESILIENCE: TOWARDS CLINICAL UTILITY OF THIS NEW CONCEPT AS A RECOVERY MARKER IN GERIATRIC MEDICINE	ORAL COMMUNICATIONS FRAILTY AND SARCOPENIA	ORAL COMMUNICATIONS LONGEVITY AND PREVENTION	
BREAK			
SUBMITTED SYMPOSIUM CRISES CARE IN DEMENTIA: INSIGHTS FROM DAILY CLINICAL PRACTICE AND RESEARCH	ORAL COMMUNICATIONS GERIATRIC EDUCATION	ORAL COMMUNICATIONS COMORBIDITY AND MULTIMORBIDITY	PRIMARY PREVENTION OF FUNCTIONAL DECLINE: THE ADAPTATION OF THE LIFE CONCEPT TO A POST-RETIREMENT TARGET GROUP
SPONSORED LECTURE Sponsored by Medtronic HIGHLIGHTS OF THE NEW 2018 ESC GUIDELINES FOR DIAGNOSIS OF SYNCOPE & TRANSIENT LOSS OF CONSCIOUSNESS	EAMA WORKSHOP 1 GETTING READY FOR RESEARCH AND PUBLICATION		
BREAK			
SUBMITTED SYMPOSIUM EuGMS TASK AND FINISH GROUP ON FALL-RISK- INCREASING DRUGS: HOW TO PREVENT MEDICATION-RELATED FALLS?	ORAL COMMUNICATIONS ORGANISATION OF CARE AND GEROTECHNOLOGY / CONTINENCE MANAGEMENT / VACCINES AND IMMUNIZATION	ORAL COMMUNICATIONS MULTIMORBIDITY AND COMPREHENSIVE GERIATRIC ASSESSMENT	14.30/15.30 mHEALTH SOLUTIONS TO TRAIN YOUNG OLD PERSONS TO IMPROVE BALANCE, STRENGTH AND PHYSICAL ACTIVITY
16.00/16.30 LECTURE POLYPHARMACY AND ADHERENCE: TWO SIDES OF THE SAME COIN			EuGMS WORKSHOP APPLICATION OF ULTRASOUND FOR MUSCLE ASSESSMENT IN SARCOPENIA



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DIJOURS 11

- **SIG PALLIATIVE CARE SYMPOSIUM**

- **Chairs:**

- Thomas Frühwald, Austria**

- Katarzyna Wieczorowska-Tobiasz, Poland**

- Overuse of medical services near the end of life: too much, too late?

LUCAS MORIN, SWEDEN

- The clinical and ethical challenges of discontinuing treatments

SOPHIE PAUTEX, SWITZERLAND

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- **OVERUSE OF MEDICAL SERVICES NEAR THE END OF LIFE: TOO MUCH, TOO LATE?**
- **LUCAS MORIN**
- **SWEDEN**
- El risc de que el tractament sigui perjudicial excedeix el potencial benefici
- L'objectiu del tractament no coincideix amb les preferències del pacient (supervivència vs confort)
- El temps necessari per a aconseguir el benefici és més gran que la expectativa de vida del pacient
- <https://link.springer.com/content/pdf/10.1007%2Fs00228-018-2507-4.pdf>

PHARMACOEPIDEMIOLOGY AND PRESCRIPTION

Adequate, questionable, and inadequate drug prescribing for older adults at the end of life: a European expert consensus

Lucas Morin¹  · Marie-Laure Laroche^{2,3} · Davide L. Vettrano^{1,4} · Johan Fastbom¹ · Kristina Johnell¹



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- **THE CLINICAL AND ETHICAL CHALLENGES OF DISCONTINUING TREATMENTS**

- **SOPHIE PAUTEX**

- **SWITZERLAND**

HIDRATACIÓ ARTIFICIAL

Beneficis	Prejudicial
<ul style="list-style-type: none">• Un dret humà• Alleuja la set?• Redueix el delirium• Perllonga la vida?• Redueix lesions cutànies?	<ul style="list-style-type: none">• Augmenta edemes, ascites i vessament pleural?• Augmenta diüresi• Disminueix mobilitat• EV o SC

- Treball en equip, bona comunicació, compartir sentiments i preocupacions amb els companys
- Els conflictes són una oportunitat per a créixer i aprendre
- Planificació de cures amb antelació



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- **ESCEO-EUGMS SYMPOSIUM
CALCIUM AND VITAMIN D
SUPPLEMENTATION IN OLDER
PEOPLE: WHY, WHEN AND HOW
MUCH**

- **Chairs:**

- Jean-Yves Reginster, Belgium**

- Cyrius Cooper, United Kingdom**

- **Role of calcium and vitamin D in
musculoskeletal health**

RENÉ RISSOLI SWITZERLAND

- **Safety of calcium administration in
older people**

NICHOLAS HARVEY, UNITED KINGDOM

- **Role of food supplements –outside
vitamin D and calcium- in muscle
health**

OLIVER BRUYÈRE, BELGIUM



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- **ROLE OF CALCIUM AND VITAMIN D IN MUSCULOSKELETAL HEALTH**
- **RENÉ RISSOLI**
- **SWITZERLAND**

- **Vitamina D :**
 - millora la força muscular, l'equilibri i el TUG
 - redueix risc caigudes
- **Calci o vitamina D :**
 - no redueix risc fractura
- **Calci+vitamina D:**
 - **SEMPRE SI TRACTAMENT OSTEOPOROSI**
 - redueix risc fractura: 1 de cada 10
 - fractura de fèmur : 1 de cada 7-10
 - més eficaç pacient institucionalitzat

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- **SAFETY OF CALCIUM ADMINISTRATION IN OLDER PEOPLE**
- **NICHOLAS HARVEY**
- **UNITED KINGDOM**

- 502,637 homes i dones entre 40-69 anys (10,6% dones prenen calci, 2,6% homes)
- No relació amb mortalitat ni ingressos per IAM o malaltia isquèmica

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Original Article | [Open Access](#) |

Calcium and Vitamin D Supplementation Are Not Associated With Risk of Incident Ischemic Cardiac Events or Death: Findings From the UK Biobank Cohort

Nicholas C Harvey, Stefania D'Angelo, Julien Paccou, Elizabeth M Curtis, Mark Edwards, Zahra Raisi-Estabragh, Karen Walker-Bone, Steffen E Petersen, Cyrus Cooper

First published: 04 January 2018 | <https://doi.org/10.1002/jbmr.3375> | Cited by: 1



CONCLUSIONS

- Suplements de calci augmenta el risc de litiasi renal i clínica GI
- Ca+vit D pot reduir risc fractura, sobretot en institucionalitzat
- Evidència de dany CV és inconclusiu, sobretot si es dóna amb vitamina D
- No efectes en mortalitat
- Utilitzar Ca+vit D si tractament per osteoporosi o vit D sola si deficiència

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- **PROS AND CONS SESSION
TRAINING IN DEMENTIA**
 - **Chairs:**
Maria Cristina Polidori, Germany
Kiyoka Kinugawa-Bourron, France

- **Cognitive training**
KAISU PITKÄLÄ, FINLAND
JAVIER OLAZARÁN SPAIN
- **Motor training**
KLAUS HAUER, GERMANY
SALLY LAMB, UNITED KINGDOM

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- **COGNITIVE TRAINING**
- **KAISU PITKÄLA, FINLAND**
- **JAVIER OLAZARÁN SPAIN**

- L'entrenament cognitiu pur no genera resultats clínics rellevants ni canvia el curs de la malaltia
- La intervenció multifactorial –amb activitat física, aspectes funcionals etc. és clarament més adequada per produir beneficis més importants.

Cognitive training interventions for patients with Alzheimer's disease: a systematic review.
Kallio E, Ohman H, Kautiainen H, Hietanen M, Pitkälä K.
J Alzheimers Dis 2017; 56 (4): 1349-1372. DOI: 10.3233/JAD-160810 PMID 28222505



CONCLUSIONS

- El tipus d'entrenament cognitiu que pot ser eficaç:
 - demència lleu o DCL (MMSE >20)
 - 2x setmana durant mínim tres mesos
 - treballar la funció executiva amb objectiu de millorar AVDs
 - Col·laboració i reserva cognitiva

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- **ORAL COMMUNICATIONS:
GERIATRIC EDUCATION**

- **Chairs:**

- Tzvi Dwolatzky, Israel**

- Francesco Mattace Raso, The Netherlands**

- Reducing antibiotic overprescribing in Nursing Homes (NHs): role of education, leadership, and variation in practice patterns

PHILIP SLOANE, USA

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- **REDUCING ANTIBIOTIC OVERPRESCRIBING IN NURSING HOMES (NHS): ROLE OF EDUCATION, LEADERSHIP, AND VARIATION IN PRACTICE PATTERNS**
- **PHILIP SLOANE**
- **USA**
- Taxa elevada d'ús de antibiòtics
- En les Nursing Homes hi ha elevada taxa de prescripció de antibiòtics i d'infecció per *Clostridium difficile*
- <https://nursinghomeinfections.unc.edu/>



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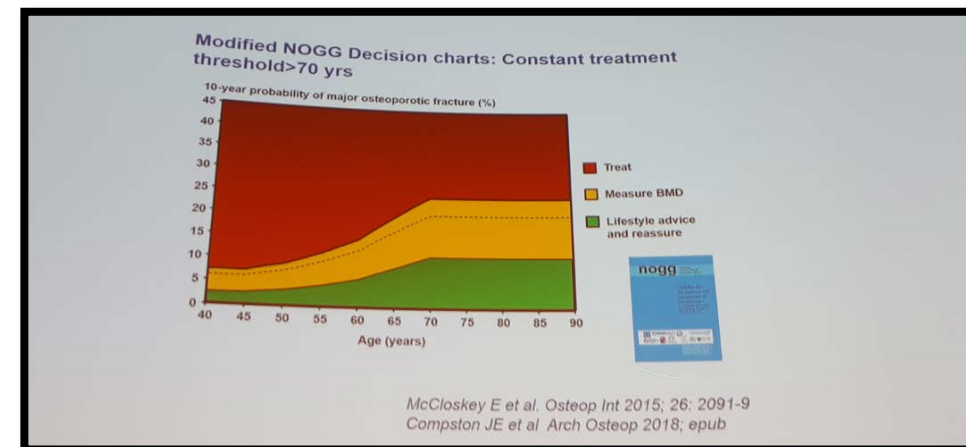
- **OSTEOPOROSIS THERAPY BEYOND THE AGE OF 80**
- **CYRUS COOPER, UNITED KINGDOM**

The image shows a screenshot of the FRAX WHO Fracture Risk Assessment Tool interface. The tool is titled "FRAX WHO Fracture Risk Assessment Tool" and includes a navigation menu with "HOME", "CALCULATOR TOOL", "FAQ", and "REFERENCE". The user's country is set to "UK". The questionnaire includes the following questions and answers:

- 1. Age (between 40-80 years) or Date of birth: 65
- 2. Sex: Female
- 3. Weight (kg): 65
- 4. Height (cm): 165
- 5. Previous fracture: No
- 6. Parent fractured hip: No
- 7. Current smoking: No
- 8. Glucocorticoids: No
- 9. Rheumatoid arthritis: No
- 10. Secondary osteoporosis: No
- 11. Alcohol 3 more units per day: No
- 12. Femoral neck BMD: T-score: -2.5

The results show a 10-year probability of fracture of 24% (Major osteoporotic fractures) and 8.0% (Hip Fracture).

- El risc, beneficis i duració del tractament d'osteoporosi està ben definit en gent gran.
- La valoració del risc de fractura s'ha d'individualitzar amb FRAX i els algoritmes NOGG



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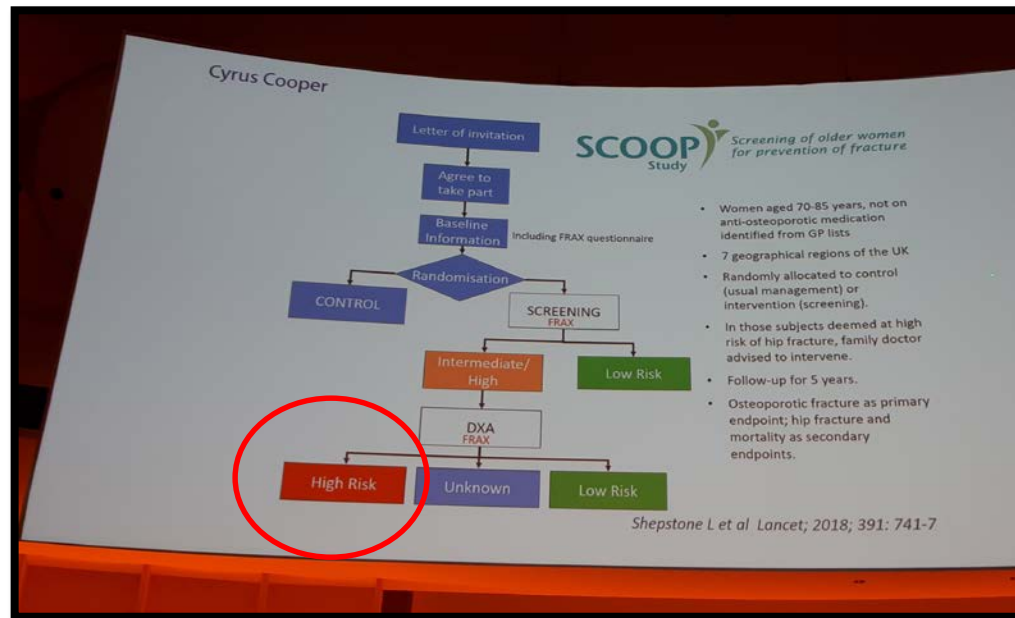
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- Fer cribatge amb FRAX en atenció primària en dones entre 70-85 anys pot reduir en un 24% la incidència de fractura de fèmur.
- En prevenció secundària, no hi ha assajos clínics (anàlisi de sèries de casos interromputs pel temps):
 - es pot reduir fins un 14% el risc de segona fractura



TREATMENT GAPS

- **MANEIG**
 - millorar prevenció secundària
 - millorar prevenció primària en pacients alt risc
 - dubtes duració tractament
- **POBLACIONAL**
 - millorar adherència
 - benefici tractament
- **POLÍTICA SANITÀRIA**
 - millorar accessibilitat a valoració i tractament -pressupost
 - prioritzar prevenció fractura en política nacional

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TIME TABLE FRIDAY, OCTOBER 12					14 th EuGMS			
	PLENARY ROOM	ROOM 2	ROOM 3	ROOM 4	ROOM 5	ROOM 6	ROOM 7	HANDS-ON ROOM
08.30 10.00	INNOVATIONS IN THE MANAGEMENT OF POLYPHARMACY	EuGMS LTC SIG AND AMDA SYMPOSIUM INTEGRATING HIGH QUALITY END-OF-LIFE CARE INTO THE NURSING HOME	DOES FRAILTY MATTER?	ANTICOAGULANTS IN ATRIAL FIBRILLATION: THE EUROSAP PROJECT	EuGMS/SIOG JOINT SYMPOSIUM FRAILTY ASSESSMENT IN OLDER ADULTS WITH CANCER	ORAL COMMUNICATIONS ACUTE CARE	ORAL COMMUNICATIONS COGNITION AND DEMENTIA	
10.00 10.30	BREAK							
10.30 12.00	NEW CLINICAL APPROACHES TO INFECTIONS	PROS AND CONS SESSION CURRENT DEFINITIONS OF FRAILTY AND MALNUTRITION	MANAGEMENT OF BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA	GERIATRIC EMERGENCY MEDICINE: NEW APPROACHES TO OLDER PATIENTS IN THE EMERGENCY DEPARTMENT	NEW TREATMENTS FOR MAJOR CHRONIC DISEASES IN OLDER ADULTS	ORAL COMMUNICATIONS BIOGERONTOLOGY, FRAILTY AND SARCOPENIA	ORAL COMMUNICATIONS DELIRIUM, GERIATRIC IN ORGAN DISEASE	10.30/11.45 CLINICAL AND INSTRUMENTED ASSESSMENT TO IDENTIFY OLDER PERSONS AT RISK OF FUNCTIONAL DECLINE. CBMS AS A MEASURE OF PHYSICAL ABILITY
12.00 13.30		LUNCH SESSION Sponsored by Nutricia MOBILITY, STRENGTH & FUNCTION: HOW SPECIALISED NUTRITION CAN HELP	LUNCH SESSION Sponsored by Abbott TACKLING THE LOSS OF MUSCLE MASS IN CLINICAL PRACTICE	LUNCH SESSION Sponsored by Sanofi, Pasteur THE DOMINO EFFECTS OF INFLUENZA DISEASE IN OLDER ADULTS - MOVING BEYOND THE ACUTE INFECTION TO RECOGNIZE THE FULL PUBLIC HEALTH IMPACT		EAMA WORKSHOP 2 IMPLEMENTATION OF CGA FOR ALL OLDER HOSPITALIZED PATIENTS? LITERATURE, CURRENT PRACTICES, RISKS AND BENEFITES, WAYS OF IMPLEMENTATION		
13.30 14.15	KEYNOTE LECTURE THE NEW EWG SOP CONSENSUS ON SARCOPENIA 2018							
14.15 14.30	BREAK							
14.30 16.00	MULTIMORBIDITY 2.0 - SOME LIGHT FROM THE RESEARCH FIELD	OROPHARYNGEAL DYSPHAGIA	GERIATRIC ASSESSMENT IN CLINICAL PRACTICE	SUBMITTED SYMPOSIUM TOWARDS A EUROPEAN CONSENSUS ON GERIATRIC REHABILITATION?	SUBMITTED SYMPOSIUM TECHNOLOGY AND AGING: NEW OPPORTUNITIES FOR A BETTER LIFE	ORAL COMMUNICATIONS ETHICS AND END OF LIFE CARE / COGNITION AND DEMENTIA / ACUTE CARE	ORAL COMMUNICATIONS PHARMACOLOGY	DATA ANALYTICS FOR PHYSICAL ACTIVITY ASSESSMENT: WHAT CLINICALLY RELEVANT INFORMATION WE CAN EXTRACT FROM RAW SENSOR DATA
16.00 17.30	CLOSING CEREMONY HIGHLIGHTS OF THE EuGMS 2018 CONGRESS							



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16.00 17.30	CLOSING CEREMONY HIGHLIGHTS OF THE EuGMS 2018 CONGRESS						DATA ANALYTICS FOR PHYSICAL ACTIVITY ASSESSMENT: WHAT CLINICALLY RELEVANT INFORMATION WE CAN EXTRACT FROM RAW SENSOR DATA



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- **INNOVATIONS IN THE MANAGEMENT OF POLIPHARMACY**

- **Chairs:**

Heinrich Burkhardt, Germany
Mirko Petrovik, Belgium

- **Medication based tools and beyond
Perspective to implement Beers,
Start/Stop and FORTA in daily
practice**
MARTIN WEHLING, GERMANY
- **Addressing complex prescribing and
polypharmacy in older patients in
primary care: experiences from Ireland**
BARBARA CLYNE, IRELAND
- **Team based approaches in managing
medicines**
ANNE SPINWINE, BELGIUM



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- **MEDICATION BASED TOOLS
ANB BEYOND PRESPECTIVE
TO IMPLEMENT BEERS,
START/STOPP AND FORTA IN
DAILY PRACTICE**
 - **MARTIN WEHLING
GERMANY**

- Hi ha dues formes de plantejar el maneig de la polifarmàcia:
 - Implícita: segons necessitats pacient
 - Explícita: es revisa si el tractament és adequat
- Les eines per millorar la teràpia farmacològica poden ser:
 - PILA: centrat en pacient, pot haver opcions negatives i positives
 - DOLA: basat en els medicaments, sol ser opcions negatives (retirar)



CONCLUSIONS

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- Utilitzar llistes positives/negatives, abordatge implícit i PILA millor que DOLA
- Ús tecnologia indispensable, però ha de ser simple i s'ha d'evitar massa alertes
- Potenciar intervencions transversals – tecnologia important!
- El metge i el farmacèutic són els professionals indicats per intervenir i s'ha de pagar!



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- **EuGMS LTC SIG AND
AMDA SYMPOSIUM**

- **Chairs:**

- Olafur Samuelsson, Iceland**

- Daniel Swagerty, USA**

- **Addressing the palliative care needs
of people with Young Onset Dementia
(YOD): the Care4Youngdem Study**

RAYMOND KOOPMANS, THE NEDERLANDS



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- **ADDRESSING THE PALLIATIVE CARE NEEDS OF PEOPLE WITH YOUNG ONSET DEMENTIA (YOD): THE CARE4YOUNGDEM STUDY**

- <https://www.ncbi.nlm.nih.gov/pubmed/26297618>

J Am Med Dir Assoc. 2015 Dec;16(12):1008-9. doi: 10.1016/j.jamda.2015.07.001. Epub 2015 Aug 18.

Palliative Care in People With Young-Onset Dementia (YOD): An Undiscovered Area!

Koopmans RT¹, van der Steen JT², Bakker C³.

- **RAYMOND KOOPMANS**
- **THE NEDERLANDS**

- <https://www.ncbi.nlm.nih.gov/pubmed/26778489>

Prevalence of Comorbidity in Patients With Young-Onset Alzheimer Disease Compared With Late-Onset: A Comparative Cohort Study

Adrie A.J. Gerritsen, MD^{a,b,}, Christian Bakker, MSc, PhD^{b,c,d}, Frans R.J. Verhey, MD, PhD^e, Marjolijn E. de Vugt, MSc, PhD^e, René J.F. Melis, MD, PhD^f, Raymond T.C.M. Koopmans, MD, PhD^{b,d,g} the 4C study team*



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- **TACKLING THE LOSS OF MUSCLE MASS IN CLINICAL PRACTICE**
- **NEW GERIATRIC GIANTS: FRAILTY SARCOPENIA ANOREXIA COGNITIVE IMPAIRMENT**
- **Chair:**
Alfonso Cruz-jentoft, Spain

- **What you really need to know about malnutrition and muscle**
KRISTINA NORMAN, GERMANY
- **From assessment to action: practical steps to support the identification and management of muscle loss, strength and function in older people**
FRANCESCO LANDI, ITALY



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- **FROM ASSESSMENT TO ACTION: PRACTICAL STEPS TO SUPPORT THE IDENTIFICATION AND MANAGEMENT OF MUSCLE LOSS, STRENGTH AND FUNCTION IN OLDER PEOPLE**
- **FRANCESCO LANDI, ITALY**

Pèrdua massa muscular

- Implica empitjorament variables clíniques i funcionals
- Pot passar al llarg de la continuïtat assistencial

Que haurien de buscar els clínics?

- Factors de risc
- Cribatge: SARC-F

Que haurien de saber els pacients?

- Signes precoços de pèrdua muscular
- Importància exercici i alimentació

Recomenacions clínics

- Ràpida intervenció amb nutrició
- Exercici

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- **THE NEW EWGSOP CONSENSUS ON SARCOPENIA 2018**
- **ALFONSO J CRUZ-JENTOFT, SPAIN**

- **SARCOPÈNIA**
- És un desordre muscular progressiu i generalitzat que s'associa a major probabilitats d'esdeveniments adversos (caigudes, fractures, discapacitat física, mortalitat)
- Muscle failure

Sarcopenia: revised European consensus on definition and diagnosis.

Cruz-Jentoft AJ, Bahat G, Bauer J, et al. Age and ageing, 2019; 48 (1): 16-31.

DOI:10.1093/ageing/afy169 PMID: 30312372



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ACUTE SARCOPENIA < 6 M
CRONIC SARCOPENIA > 6M



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- Es recomana SARC-F questionnaire per fer cribatge

Força muscular

- Força premsió
- Aixecar-se cadira

Qualitat muscular

- Dual X-ray absorptiometry
- TC
- RMN

Activitat física

- TUG
- SPPB

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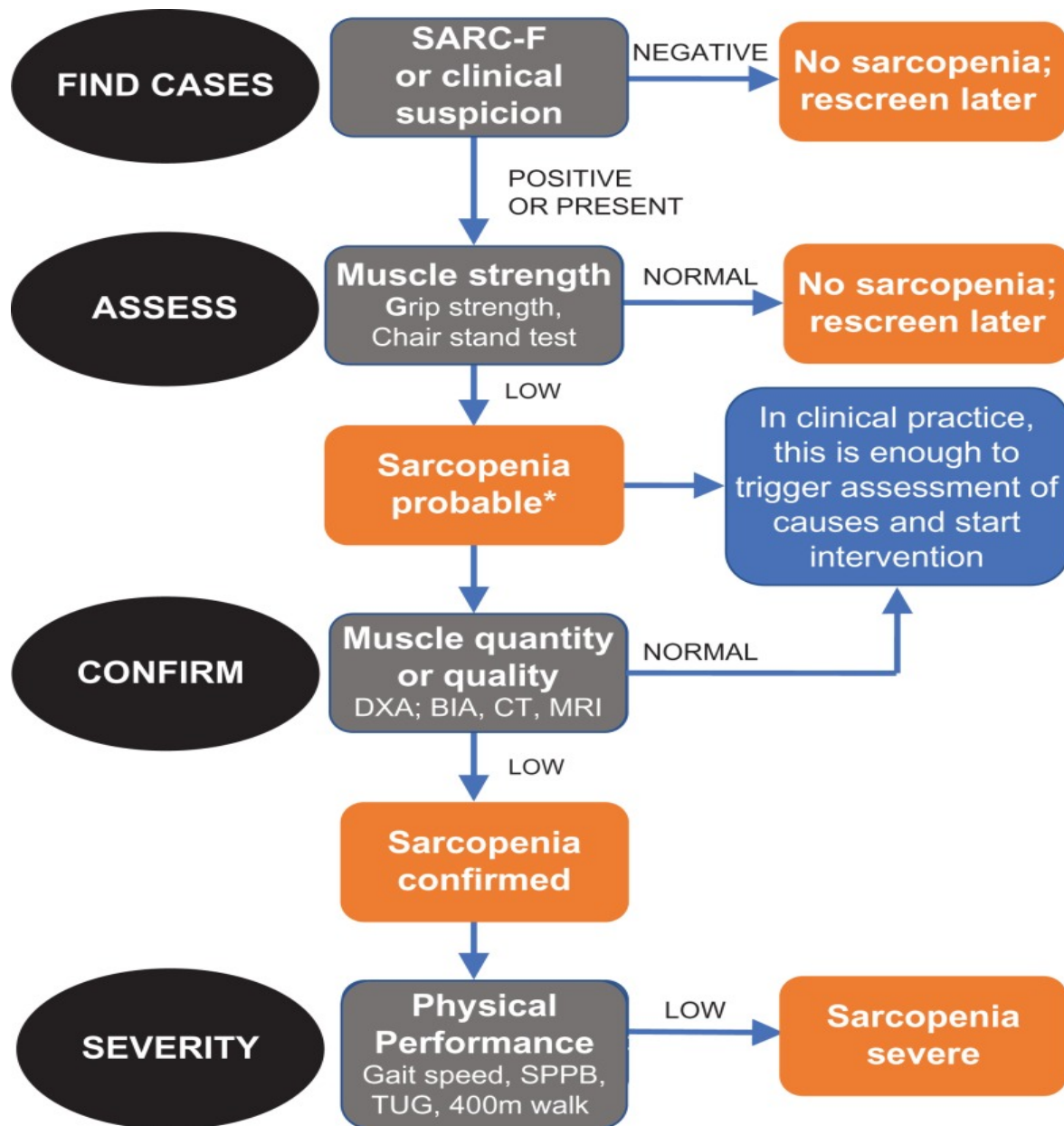
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Francesco Landi

SARC-F Screening Questionnaire

COMPONENT	QUESTION
<u>S</u> trength	How much difficulty do you have in lifting and carrying 10 pounds? Scoring: None = 0 Some = 1 A lot or unable = 2
<u>A</u> ssistance in Walking	How much difficulty do you have walking across a room? Scoring: None = 0 Some = 1 A lot, use aids or unable = 2
<u>R</u> ise from a Chair	How much difficulty do you have transferring from a chair or bed? Scoring: None = 0 Some = 1 A lot or unable without help = 2
<u>C</u> limb stairs	How much difficulty do you have climbing a flight of ten stairs? Scoring: None = 0 Some = 1 A lot or unable = 2
<u>F</u> alls	How many times have you fallen in the the last year? Scoring: None = 0 1-3 Falls = 1 4 or more falls = 2

Total score of 4 or more indicates sarcopenia.



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- **GERIATRIC ASSESSMENT IN CLINICAL PRACTICE**
 - **Chairs:**
Annette Hysten, Norway
Maria Cristina Polidori, Germany

- **Assessment of frailty**
MATEO TOSATO, ITALY
- **Assessment of gait and balance**
STEPHANIE BRIDENBAUGH, SWITZERLAND
- **Assessment palliative care**
NELE VAN DEN NOORTGATE, BELGIUM



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- **ASSESSMENT OF FRAILTY**
- **MATEO TOSATO, ITALY**
- Gent gran hauria de ser valorada si són fràgils.
- Velocitat de la marxa, qüestionari PRISMA, TUG, Clinical Frailty Scale.
- Edmonton Frail Scale per poblacions quirúrgiques
- S'ha d'educar als professionals que tenen contacte amb gent gran en reconèixer fragilitat
- Identificar fragilitat implica completar VGI i intervenir
- No s'ha de fer cribatge poblacional de rutina



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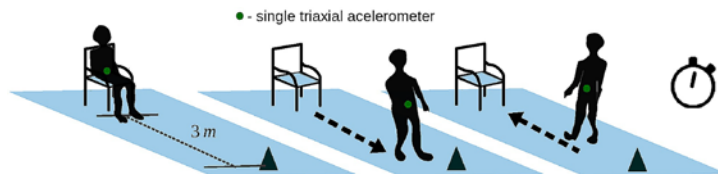
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- **ASSESSMENT OF GAIT AND BALANCE**
- **STEPHANIE BRIDENBAUGH**
- **SWITZERLAND**



- No GOLD estàndard
- Com les causes són multifactorials, la valoració també
- S'ha de tenir en compte: marxa, equilibri, força, cognició, nutrició, somato-sensorial
- 2 test, un que inclogui Dual task: TUG-DT
- La valoració dependrà:
 - Entorn
 - Pacient
 - Recursos: inclòs el temps!!!



GRÀCIES!

