Harmonizing Functional Research within the Aging and Rehabilitation Ecosystems

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Disclaimer

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The views and ideas expressed are my own and do not represent HMS, VHA, SRH or MGH

Outline of Presentation

- Learning from our past—response to the ICF
- Important Initiatives in Ageing
- Important Initiatives in Rehabilitation
- Discussion: Harmonization Strategies

The ICF is not embraced by Geriatrics or Gerontology

Journal of Gerontology: MEDICAL SCIENCES
Cite journal as: J Gerontol A Biol Sci Med Sci
2009 Vol. 64A, No. 11, 1169–1171
doi:10.1093/gerona/glp094

Guest Editorial

The Challenge of Understanding the Disablement Process in Older Persons

Commentary Responding to Jette AM. Toward a Common Language of Disablement

Jack M. Guralnik[1] and Luigi Ferrucci[2]

[1]Laboratory of Epidemiology, Demography and Biometry, National Institute on Aging, National Institutes of Health, Bethesda, Maryland.
[2]Longitudinal Studies Section, Clinical Research Branch, National Institute on Aging, National Institutes of Health, Baltimore, Maryland.

Journal of Gerontology: MEDICAL SCIENCES
Cite journal as: J Gerontol A Biol Sci Med Sci
2009 Vol. 64A, No. 11, 1175–1176
doi:10.1093/gerona/glp096

Invited Response to Letter to the Editor

Beyond Dueling Models

Commentary Responding to: Guralnik JM, Ferrucci L. The Challenge of Understanding the Disablement Process in Older Persons and Freedman V. Adopting the ICF Language for Studying Late-life Disability: A Field of Dreams?

Alan M. Jette

Journal of Gerontology: MEDICAL SCIENCES
Cite journal as: J Gerontol A Biol Sci Med Sci
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Guest Editorial

Adopting the ICF Language for Studying Late-life Disability: A Field of Dreams?

Vicki A. Freedman

Department of Health Systems and Policy, University of Medicine and Dentistry of New Jersey, Piscataway.

How can we communicate with a common language?

Frailty is a major focus of Geriatric care

- Definition-*A state of increased vulnerability to stressors caused by decreased physiological reserves*
- Great for risk stratification
- Relevance for rehabilitation
  - ability to withstand a stress
- Based on Geriatric Assessment
  - Patient and Deficits
  - Both major paradigms count deficits
    - Frailty Phenotype
    - Rockwood Frailty Index

Differentiating Frailty from Disability

- *"If Disability is an outcome of choice, then frailty instrument should not contain ADL items"*
- *"These concepts are insufficiently delimited and must be resolved"*

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The Gerontologist
cite as: *Gerontologist*, 2021, Vol. 61, No. 3, e12–e22
doi:10.1093/geront/gnz147
Advance Access publication December 17, 2019

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Review Article

A Comprehensive Overview of Activities of Daily Living in Existing Frailty Instruments: A Systematic Literature Search

Axelle Costenoble, MSc,[1,2] Veerle Knoop, MSc,[1,2] Sofie Vermeiren, MSc,[1,2] Roberta Azzopardi Vella, MD,[1,2] Aziz Debain, MD,[1,2,3] Gina Rossi, PhD,[4] Ivan Bautmans, PhD,[1,2,3] Dominique Verté, PhD,[1,5] Ellen Gorus, PhD,[1,2,3] and Patricia De Vriendt, PhD[1,2,6,*]; on Behalf of the Gerontopole Brussels Study Group

Mobility measures as Frailty measures

Can this be an opportunity for harmonization?

Journals of Gerontology: Medical Sciences
cite as: J Gerontol A Biol Sci Med Sci, 2021, Vol. XX, No. XX, 1–7
doi:10.1093/gerona/glab087
Advance Access publication March 29, 2021

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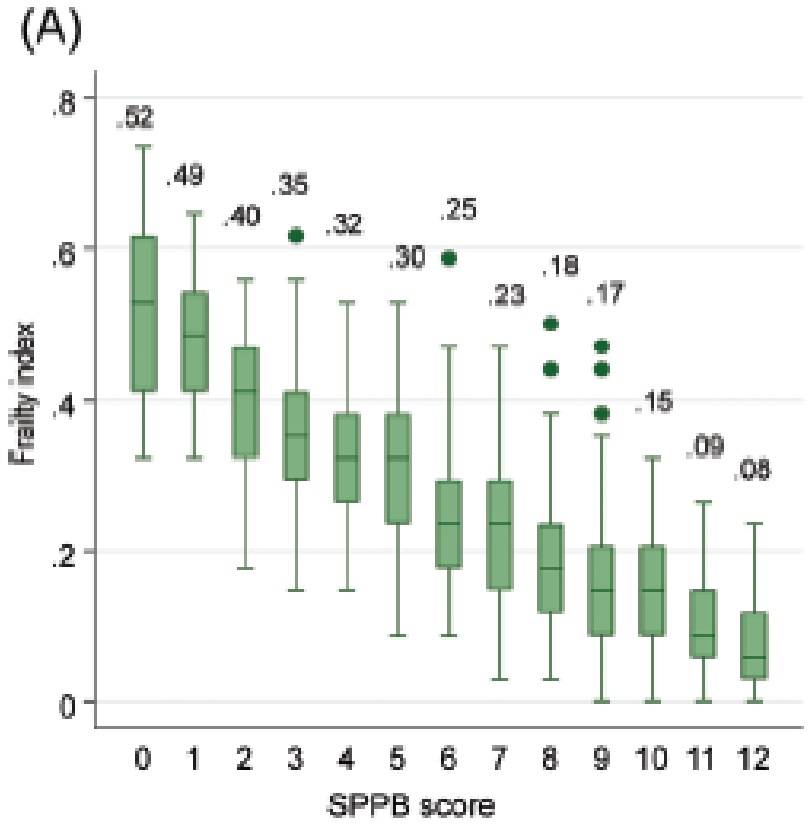
Research Article

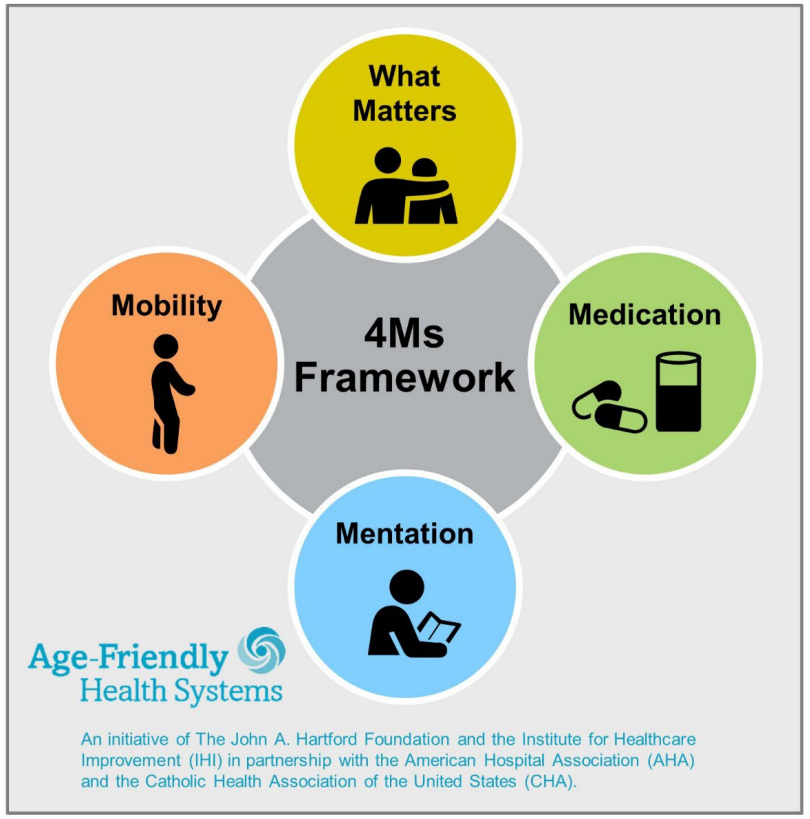
Short Physical Performance Battery as a Crosswalk Between Frailty Phenotype and Deficit Accumulation Frailty Index

Hee-Won Jung, MD, PhD,[1] Ji Yeon Baek, MD,[1] Il-Young Jang, MD,[1,*] Jack M. Guralnik, MD,



Another Geriatrics Initiative: The 4Ms of Age-Friendly Care

www.ihi.org/AgeFriendly



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

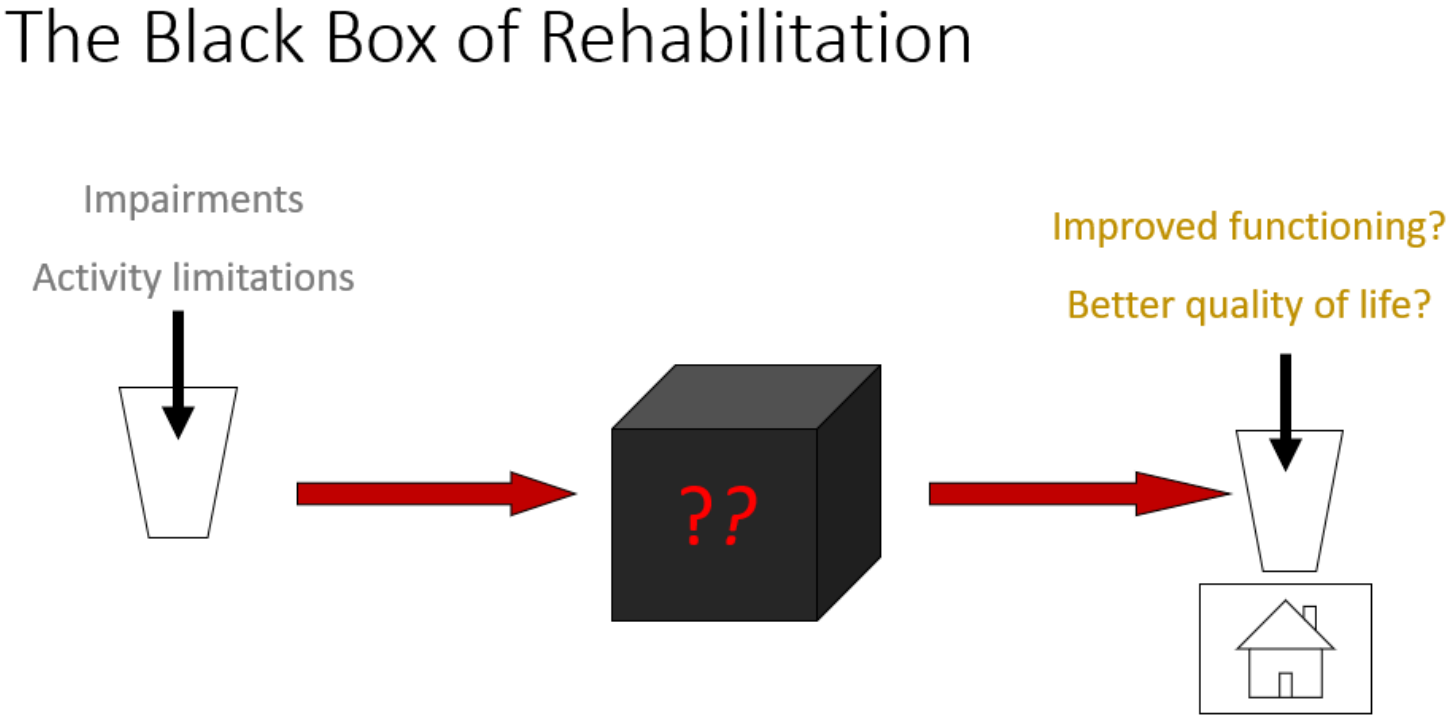
Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

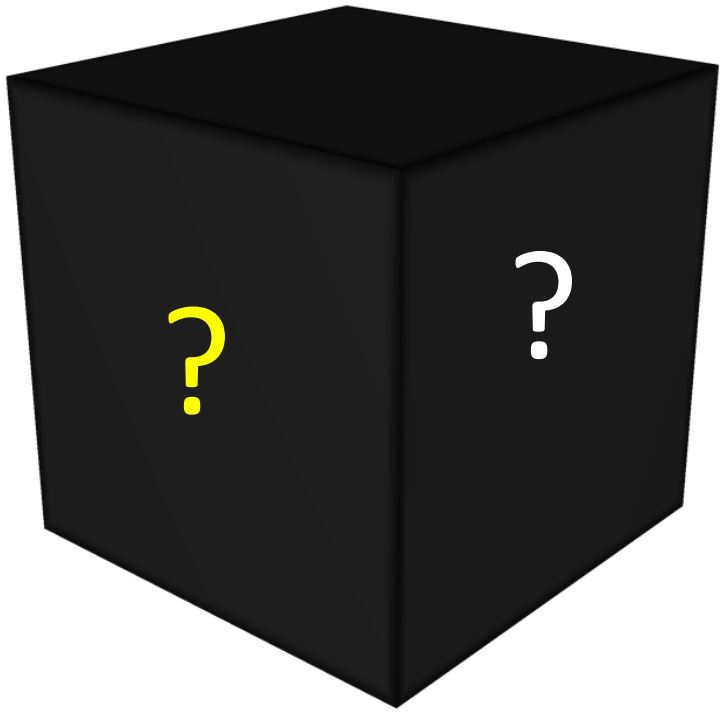
Major Initiatives in Rehabilitation

- Research Treatment Specification System (RTSS)



Problem with the Black Box

- Lack a standardized way to define and describe rehabilitation treatments
- Cannot efficiently communicate the elements that produce/do not produce therapeutic change – the ***active ingredients***
- Analogous to discussing the efficacy of white pills vs. red pills, or of “diabetes treatment” vs. no diabetes treatment.



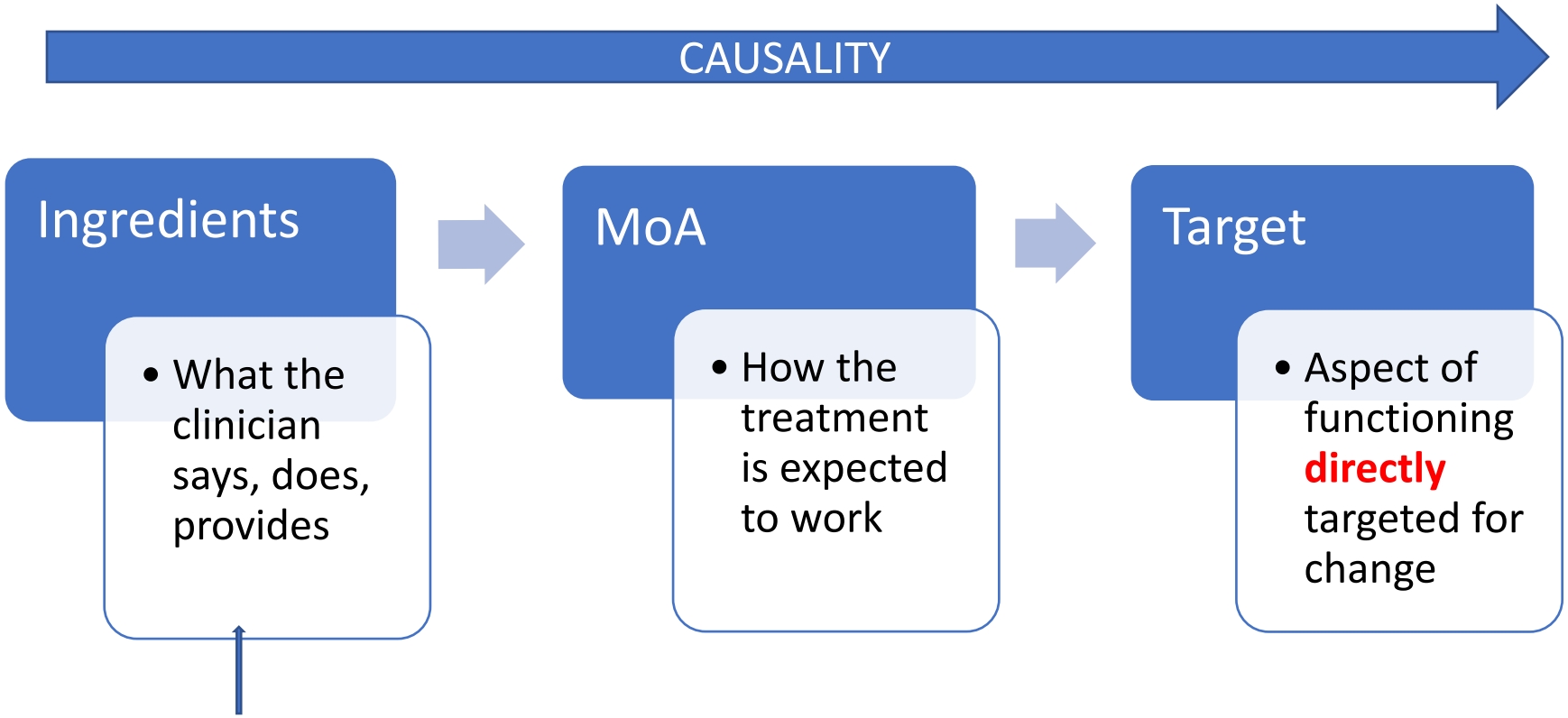
How does the RTSS define treatments?

With respect to their known or hypothesized active ingredients – ***Treatment Theory***

When we begin our research, we hypothesize the active ingredients of a treatment

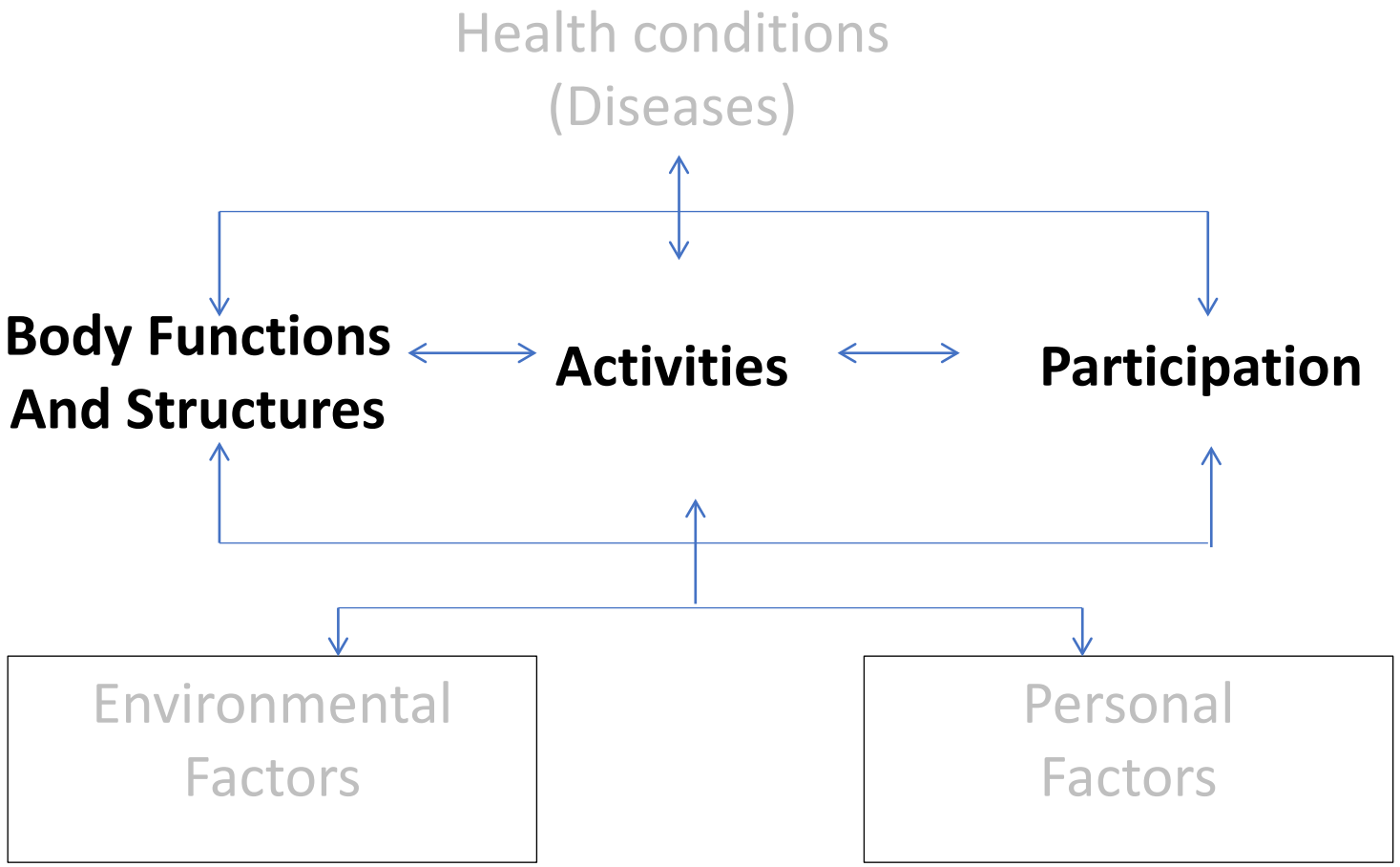
Treatment trials test our hypotheses and advance the evidence base of our treatment

Treatment Theory

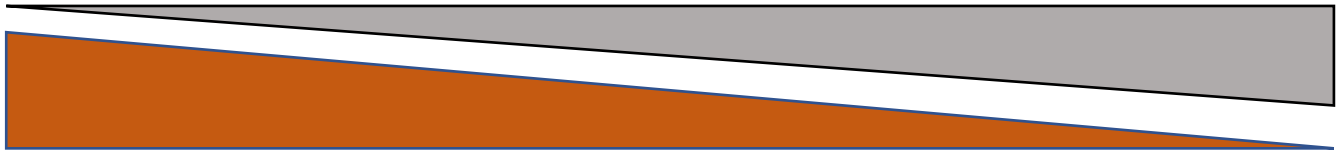


Effects beyond the Target (=Aims) are NOT explained by Treatment Theory.

The WHO ICF model



Biological Model



Social Model

Harmonization:
How do we bridge these concepts to advance research?

Frailty
Age Friendly Healthcare Initiative
Research Treatment Specification

https://tse3.mm.bing.net/th/id/OIP.EeQf7f7Pv9f7YJtUYdgJfQHaFj?rs=1&pid=ImgDetMain