



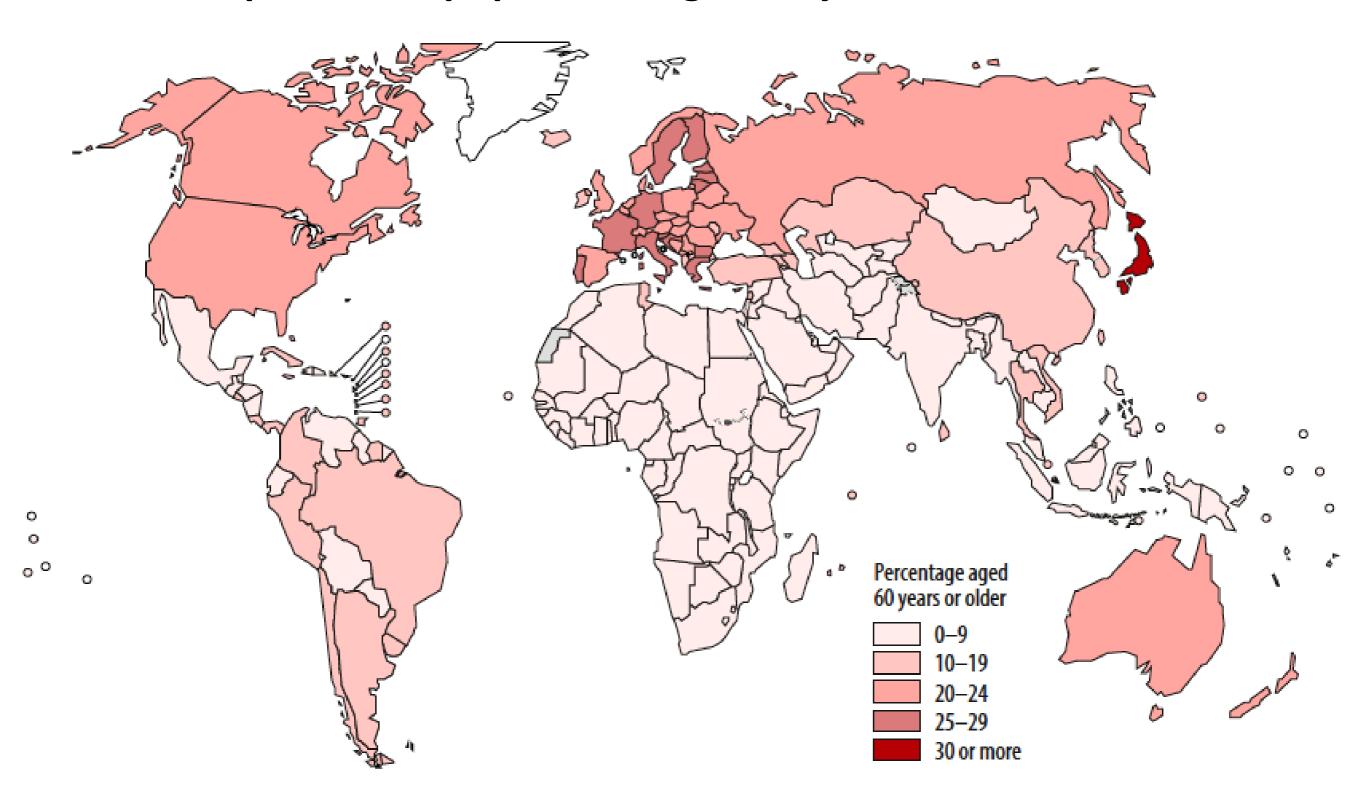
Il costrutto della capacità intrinseca

Matteo Cesari, MD, PhD

15 Novembre 2018

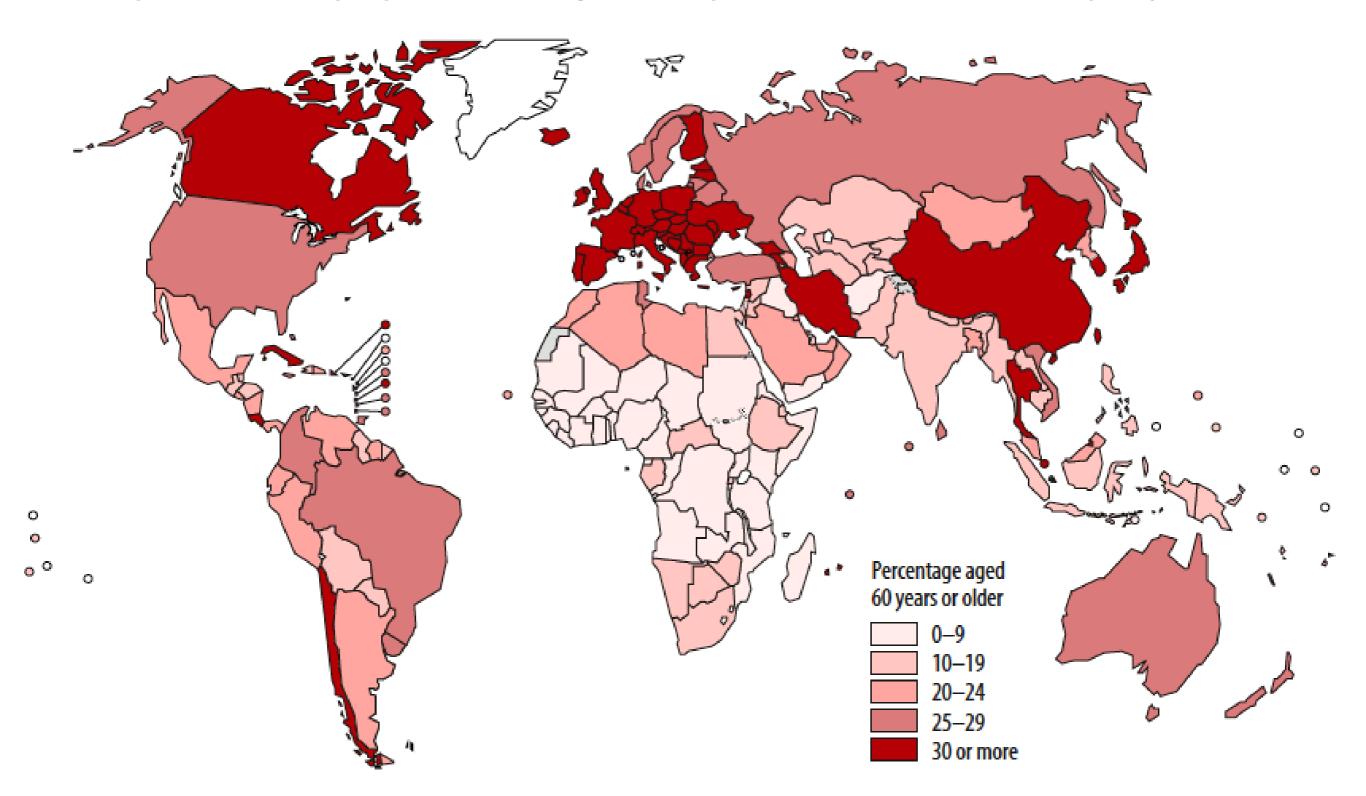
Population aging

Proportion of population aged 60 years or older, 2015



Population aging

Proportion of population aged 60 years or older, 2050 projections



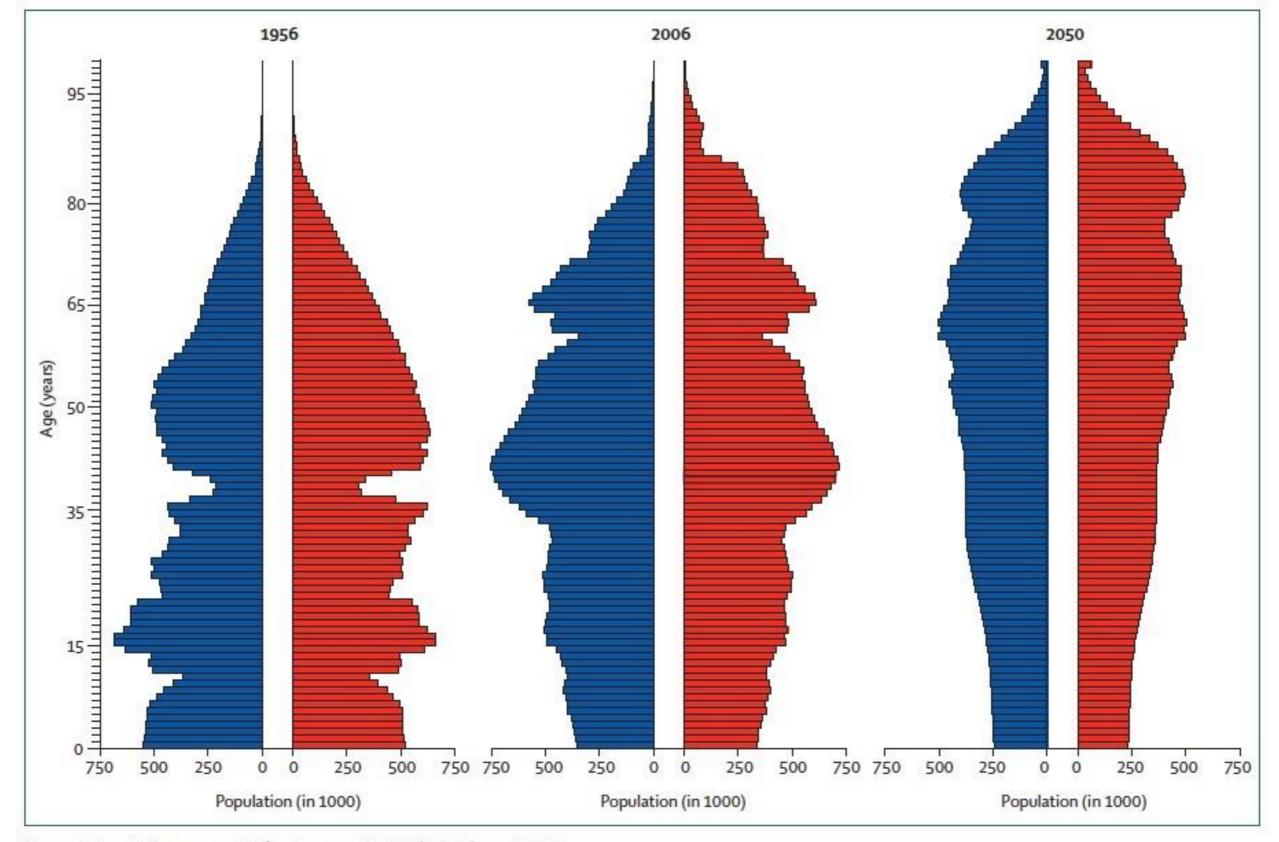


Figure 3: Population pyramids for Germany in 1956, 2006, and 2050

Horizontal bars are proportional to number of men (blue) and women (red). Data for 2050 are based on the German Federal Statistical Office's 1-W1 scenario, which assumes a roughly constant total fertility rate of 1·4, yearly net migration of 100 000 and life expectancy in 2050 reaching 83·5 years for men and 88·0 years for women. Data from reference 33 and the Human Mortality Database.



World politics Business & finance Economics Science & technology Culture Blogs Debate Multimedia Print edition

Japanese demography

Desperately seeking young people

There aren't many, and cities are growing desperate

Jan 7th 2017 | TAMA







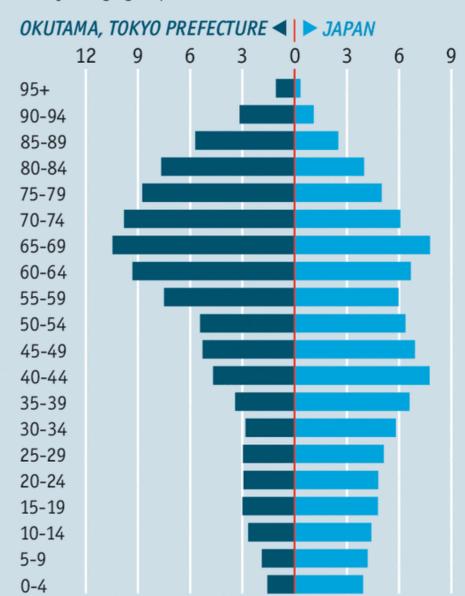






Where are the kids?

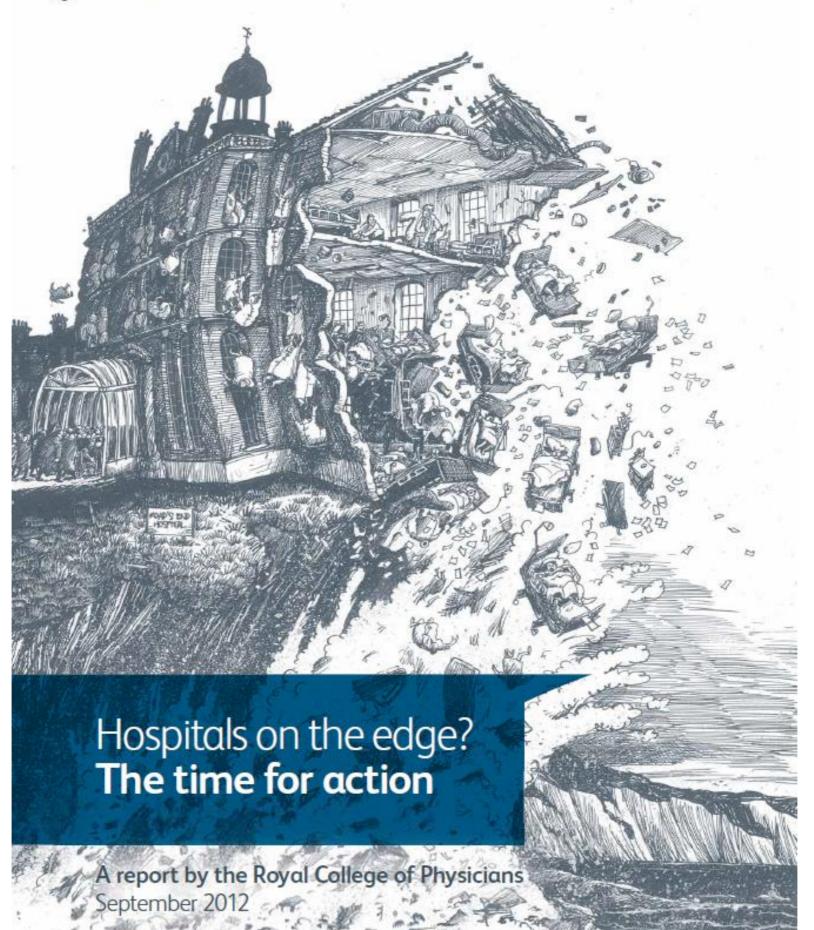
Population of Okutama and Japan Five-year age groups, 2015, % of total



Sources: Okutama town records; Statistics Japan



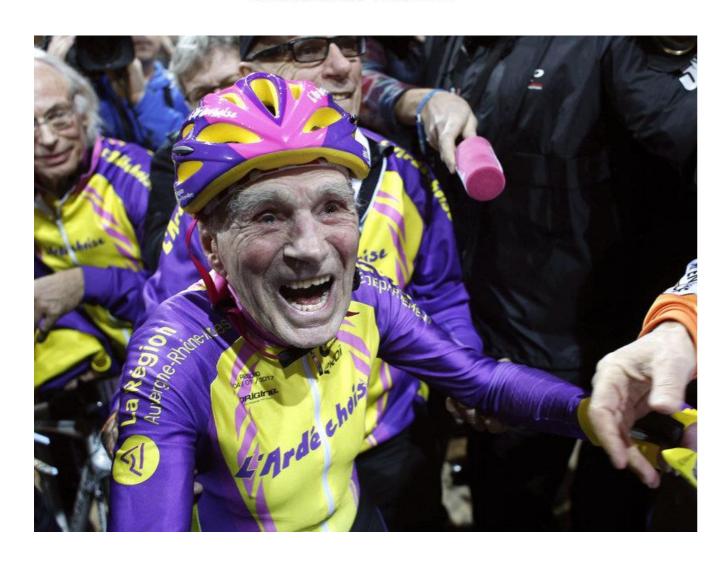
Setting higher standards



INTERNATIONAL

105-Year-Old Cyclist Rides 14 Miles In An Hour En Route To A World Record

January 4, 2017 - 2:44 PM ET



Robert Marchand (age 105 yo)

26.925 kilometers in an hour -50.6% compared to respective world record

Age and Ageing 2016; **45:** 729–733 doi: 10.1093/ageing/afw111 Published electronically 4 July 2016

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Centenarian athletes: Examples of ultimate human performance?

Romuald Lepers¹, Paul J. Stapley², Thomas Cattagni³



REVIEW

Photos courtesy of Giovanni Guaraldi

Geriatric syndromes: How to treat

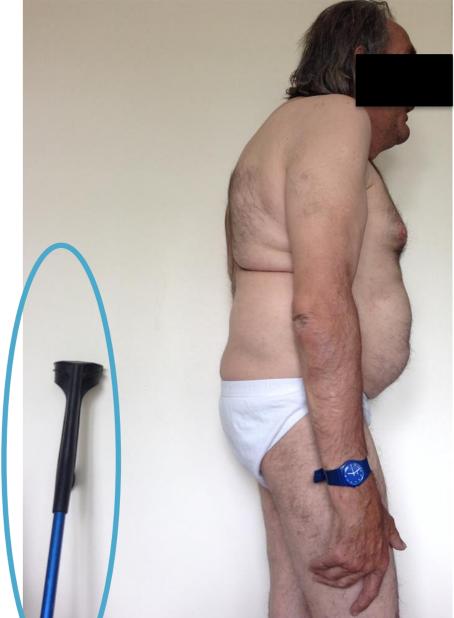
Matteo Cesaria, Emanuele Marzettic, Marco Canevellid, and Giovanni Guaraldie

2002 (39 yrs) CD4=477 cells/μL HIV1-RNA<40 copies/mL TDF+FTC+NEV

2011 (47 yrs) CD4=715 cells/μL HIV1-RNA<40 copies/mL TDF+FTC+NEV 2015 (51 yrs) CD4=357 cells/μL HIV1-RNAnon detectable RAL+NEV







SPECIAL ARTICLES

The End of the Disease Era

Mary E. Tinetti, MD, Terri Fried, MD

The time has come to abandon disease as the focus of medical care. The changed spectrum of health, the complex interplay of biological and nonbiological factors, the aging population, and the interindividual variability in health priorities render medical care that is centered on the diagnosis and treatment of individual diseases at best out of date and at worst harmful. A primary focus on disease may inadvertently lead to undertreatment, overtreatment, or mistreatment. The numerous strategies that have evolved to address the limitations of the disease model, although laudable, are offered only to a select subset of persons and often further fragment care. Clinical decision making for all patients should be predicated on the attainment of

individual goals and the identification and treatment of all modifiable biological and nonbiological factors, rather than solely on the diagnosis, treatment, or prevention of individual diseases. Anticipated arguments against a more integrated and individualized approach range from concerns about medicalization of life problems to "this is nothing new" and "resources would be better spent determining the underlying biological mechanisms." The perception that the disease model is "truth" rather than a previously useful model will be a barrier as well. Notwithstanding these barriers, medical care must evolve to meet the health care needs of patients in the 21st century. Am J Med. 2004;116:179–185. ©2004 by Excerpta Medica Inc.

"...The time has come to abandon disease as the primary focus of medical care. When disease became the focus of Western medicine in the 19th and early 20th century, the average life expectancy was 47 years and most clinical encounters were for acute illness. Today, the average life expectancy in developed countries is 74 years and increasing, and most clinical encounters are for chronic illnesses or non-disease-specific complaints..."

Weaknesses in the definition of a disease and multimorbidity

The definition is closely related to:

- Current knowledge of the condition
 - Modification of the defining thresholds according to evolving evidence (e.g., changes of guidelines over the years for defining hypertension)
- Characteristics of the diagnostic instrument
 - Improvements of diagnostic instruments increase detection of abnormalities
 (e.g., exponential increase of thyroid cancer diagnosis = overdiagnosis, overtreatment)
- Priorities in the formulation of the diagnosis
 - Facilitation of the clinical implementation versus diagnostic accuracy (e.g., BMI to define obesity = clinical friendly but highly inaccurate)
- Different clinical relevance of diseases
 - Need of more comprehensive evaluations than simple counting nosological entities
- Access to health services
 - High income countries may present higher comorbidity of low income countries

Correspondence

- Horton R. Offline: Breaking the silence in nephrology. Lancet 2015; 385: 1058.
- Davids MR, Marais N, Jacobs JC. South African Renal Registry annual report 2012. Durban; South African Renal Society, 2014.

Frailty in sub-Saharan Africa

Most high-income countries are called to urgently adapt their health-care systems to meet the new challenges arising from their ageing populations. Models of health-care services aimed at preventing age-related disabling disorders (including the design of screening and assessment instruments) low literacy levels.3-5 All these factors represent different (and probably more immediate) priorities in public health agendas. However, the targeting of these disorders does not preclude a careful assessment of agerelated disorders, especially because taking action at a young age might improve the health status of the future generations of elderly people.

The ageing of the world's population suggests that changes to existing models of health care are needed to counteract the destabilising effects of age-related disorders on health-care systems.⁶ At the same time, interventions should be developed against frailty and the resulting

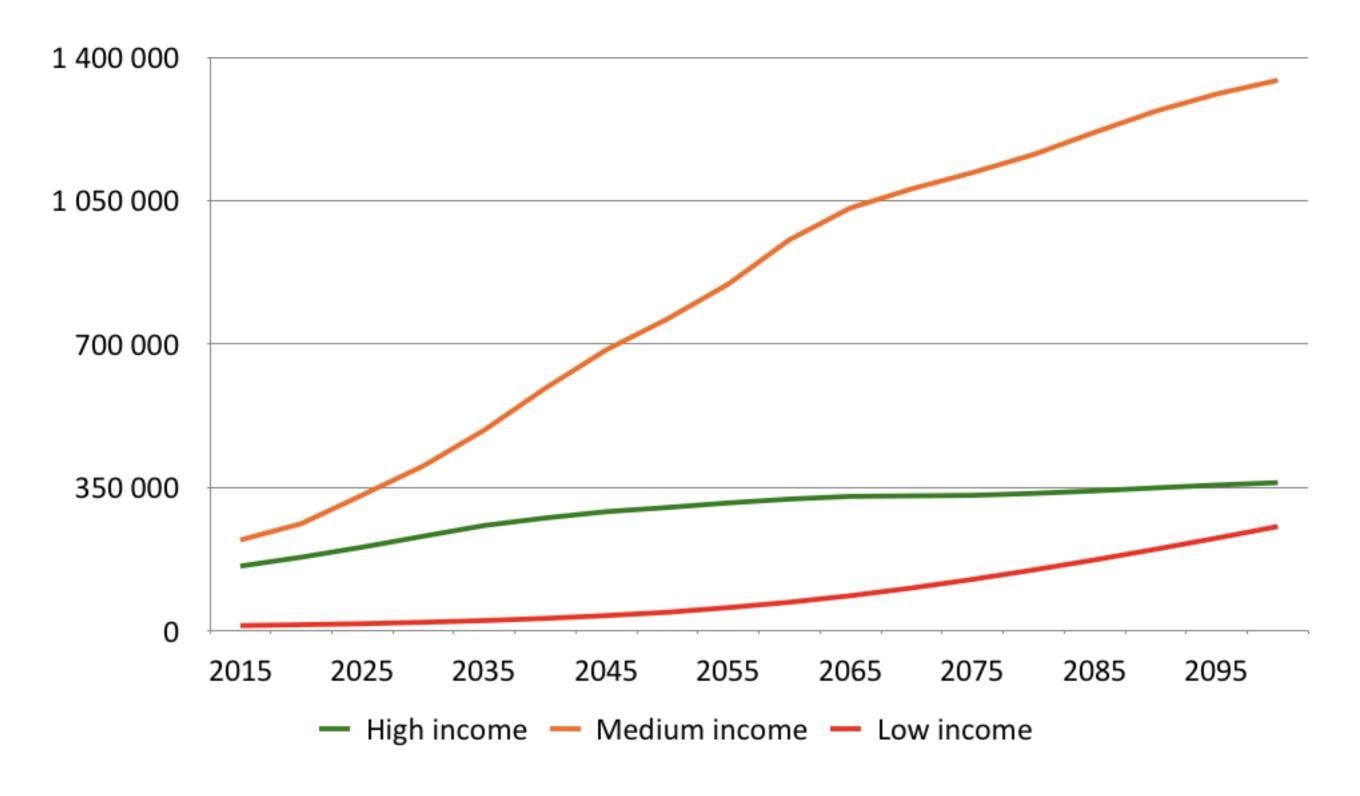
- WHO. Good health adds life to years: global brief for World Health Day 2012. Geneva; World Health Organization, 2012.
- 3 Institute for Health Metrics and Evaluation. Global health data exchange: global burden of disease 2010 study data. http://ghdx. healthdata.org/ (accessed April 10, 2015).
- 4 Lowsky DJ, Olshansky SJ, Bhattacharya J, Goldman DP. Heterogeneity in healthy aging. J Gerontol A Biol Sci Med Sci 2014; 69: 640–49.
- 5 Gureje O, Oladeji BD, Abiona T, Chatterjee S. Profile and determinants of successful aging in the Ibadan Study of Ageing. J Am Geriatr Soc 2014; 62: 836-42.
- 6 British Geriatrics Society. Fit for frailty: consensus best practice guidance for the care of older people living with frailty in community and outpatient settings. London; British Geriatrics Society, 2014.



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World population: Age 70 and above

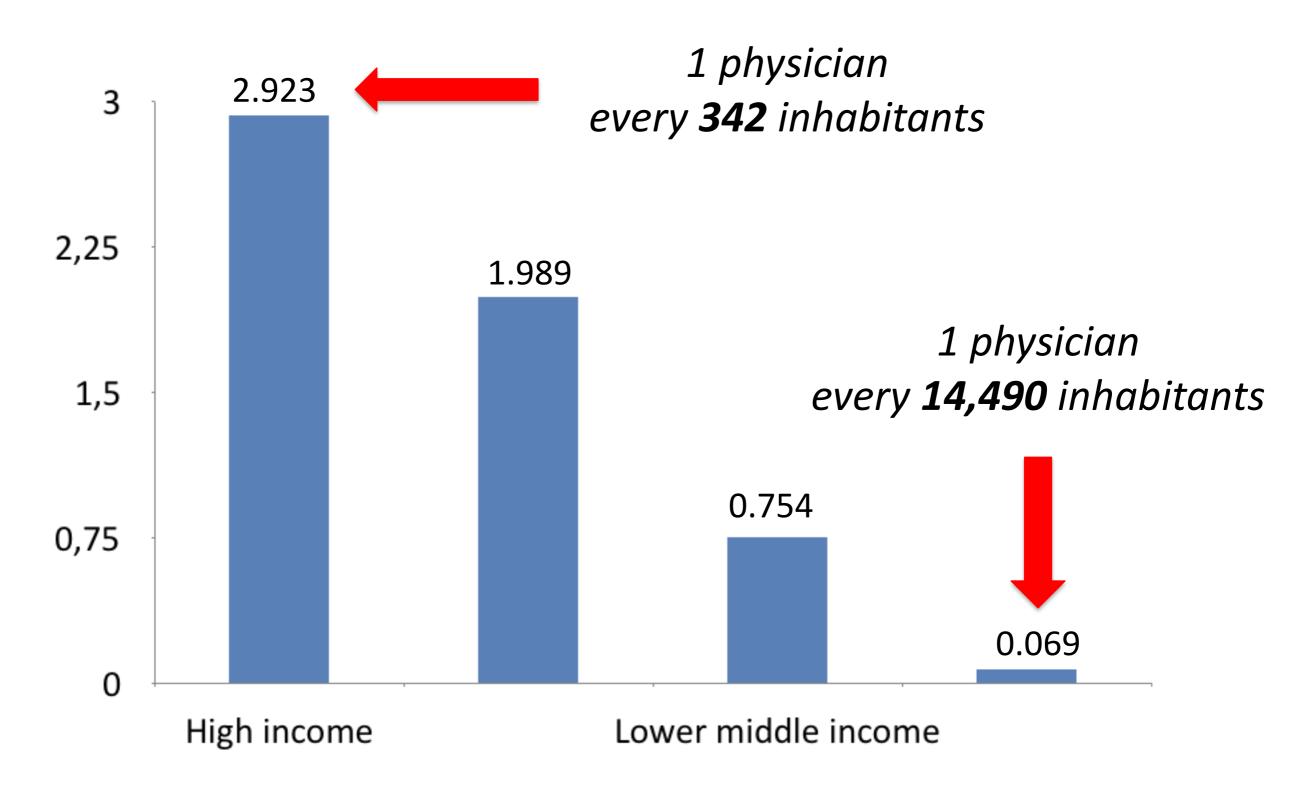
(median, thousands)



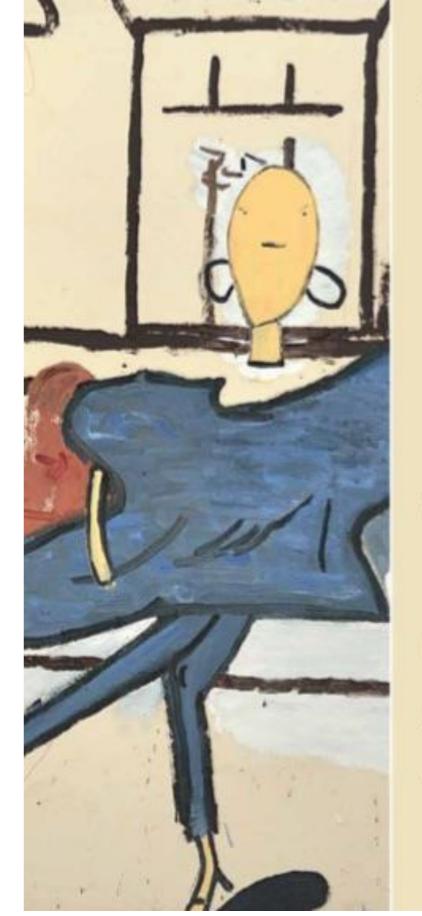
World Population Prospects: The 2015 Revision. http://esa.un.org/unpd/wpp/

Physicians by income group

(Physicians per 1,000 inhabitants)



World Health Organization's Global Health Workforce Statistics, OECD, supplemented by country data







WORLD REPORT ON AGEING AND HEALTH

www.who.int/ageing/events/world-report-2015-launch/en/

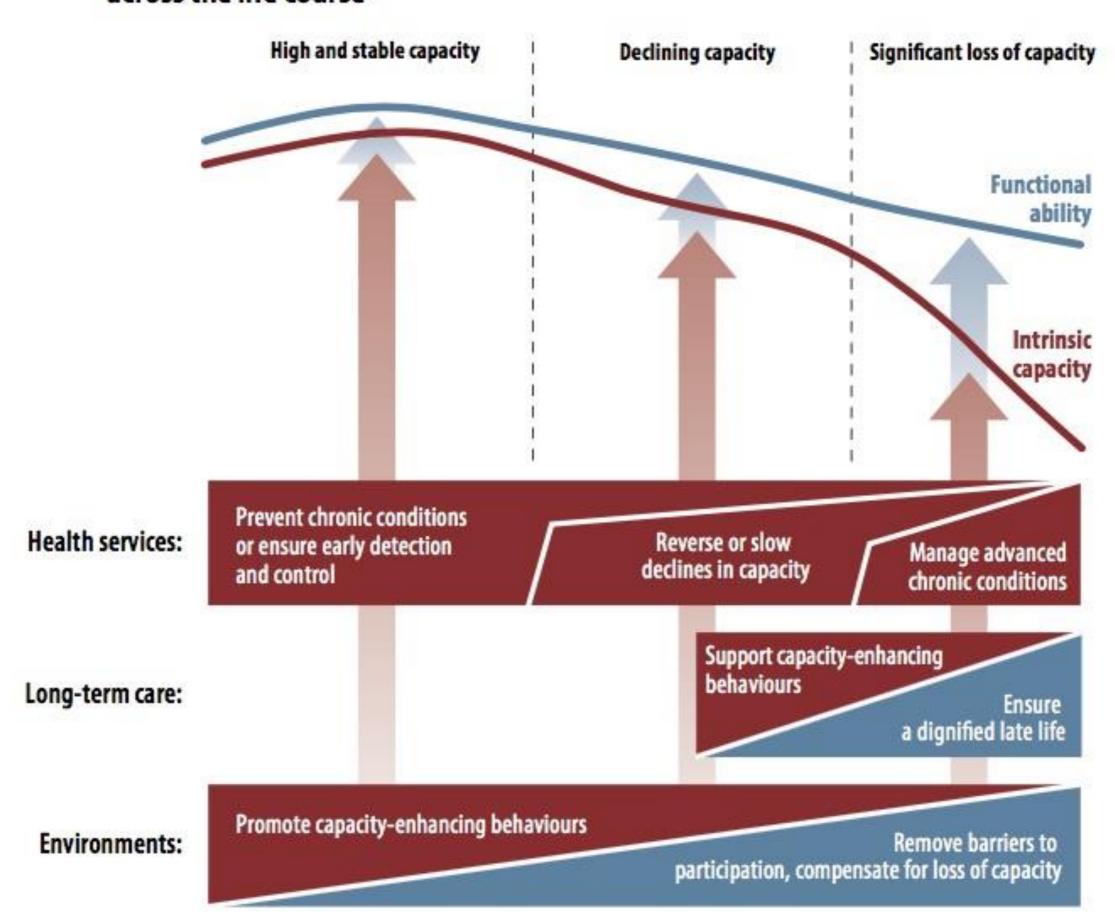
Healthy Ageing: the process of developing and maintaining the functional ability that enables well-being in older age.

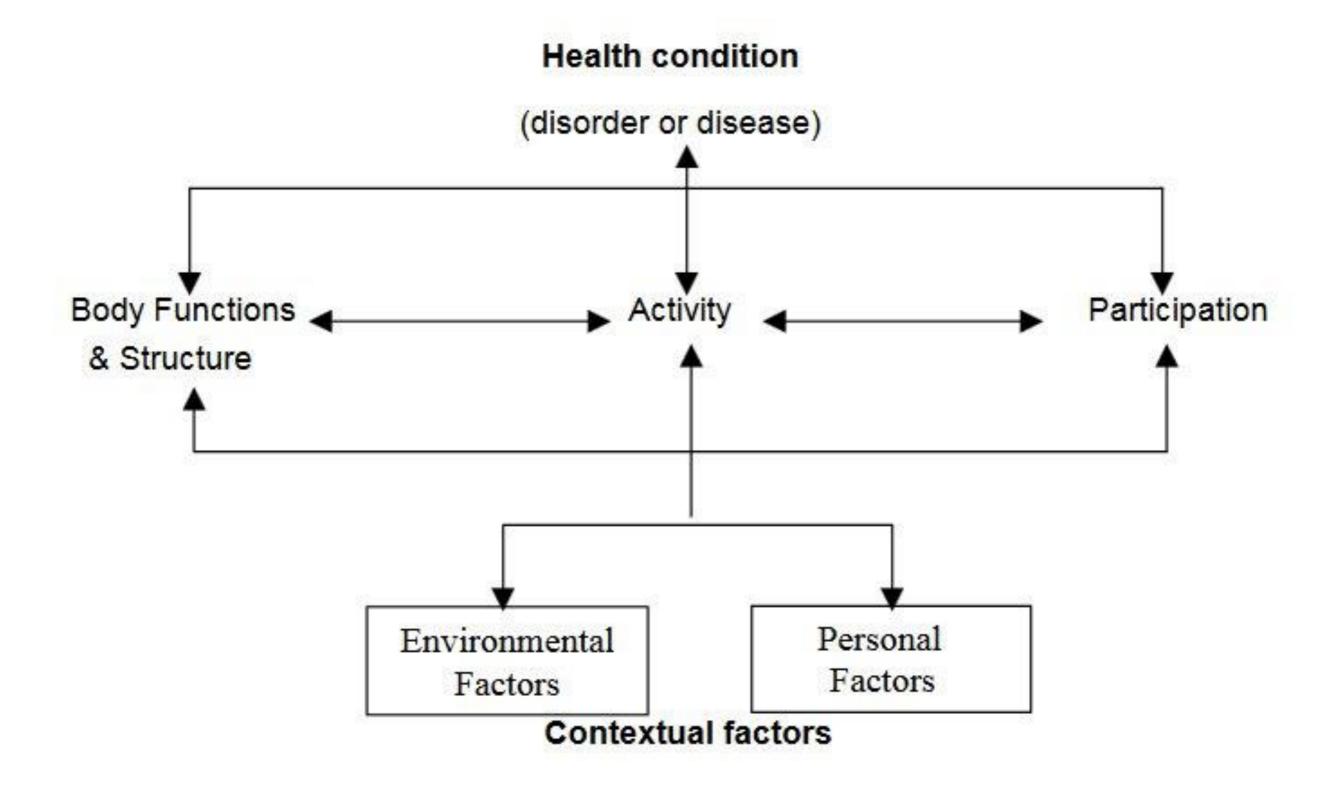
Functional ability: the health-related attributes that enable people to be and to do what they have reason to value. It is made up of the *intrinsic capacity* of the individual, relevant *environmental characteristics* and the interactions between the individual and these characteristics.

Intrinsic capacity: the composite of all the physical and mental capacities of an individual.

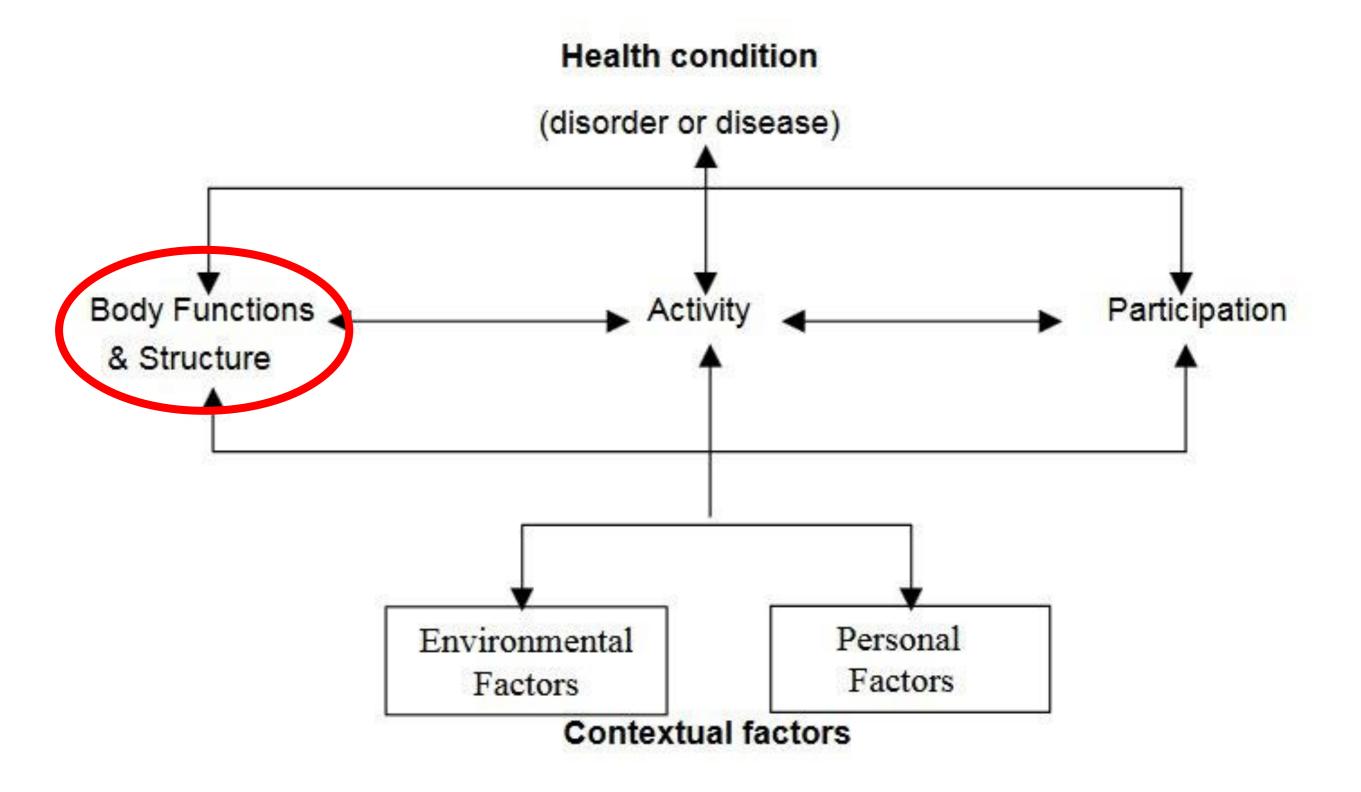
Environments: all the factors in the extrinsic world that form the context of an individual's life.

Fig. 2.4. A public-health framework for *Healthy Ageing*: opportunities for public-health action across the life course





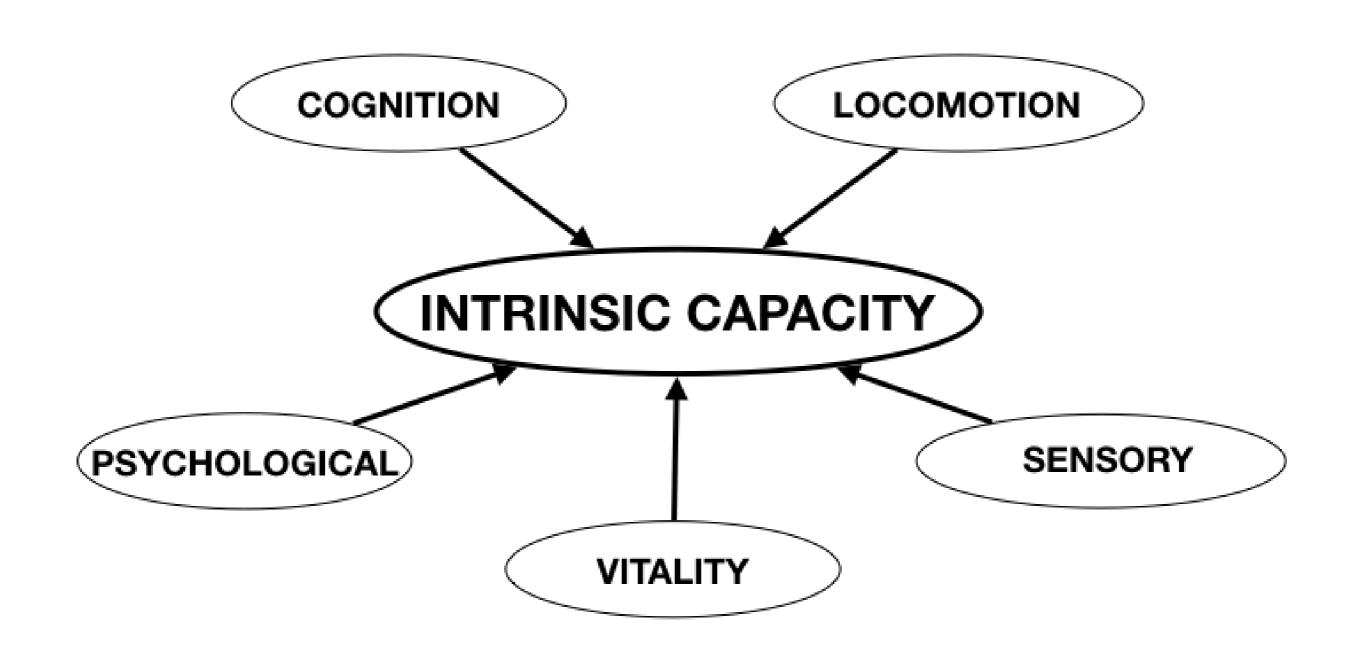
World Health Organization. *The International Classification of Functioning, Disability and Health.* Geneva, Switzerland: World Health Organization; 2001

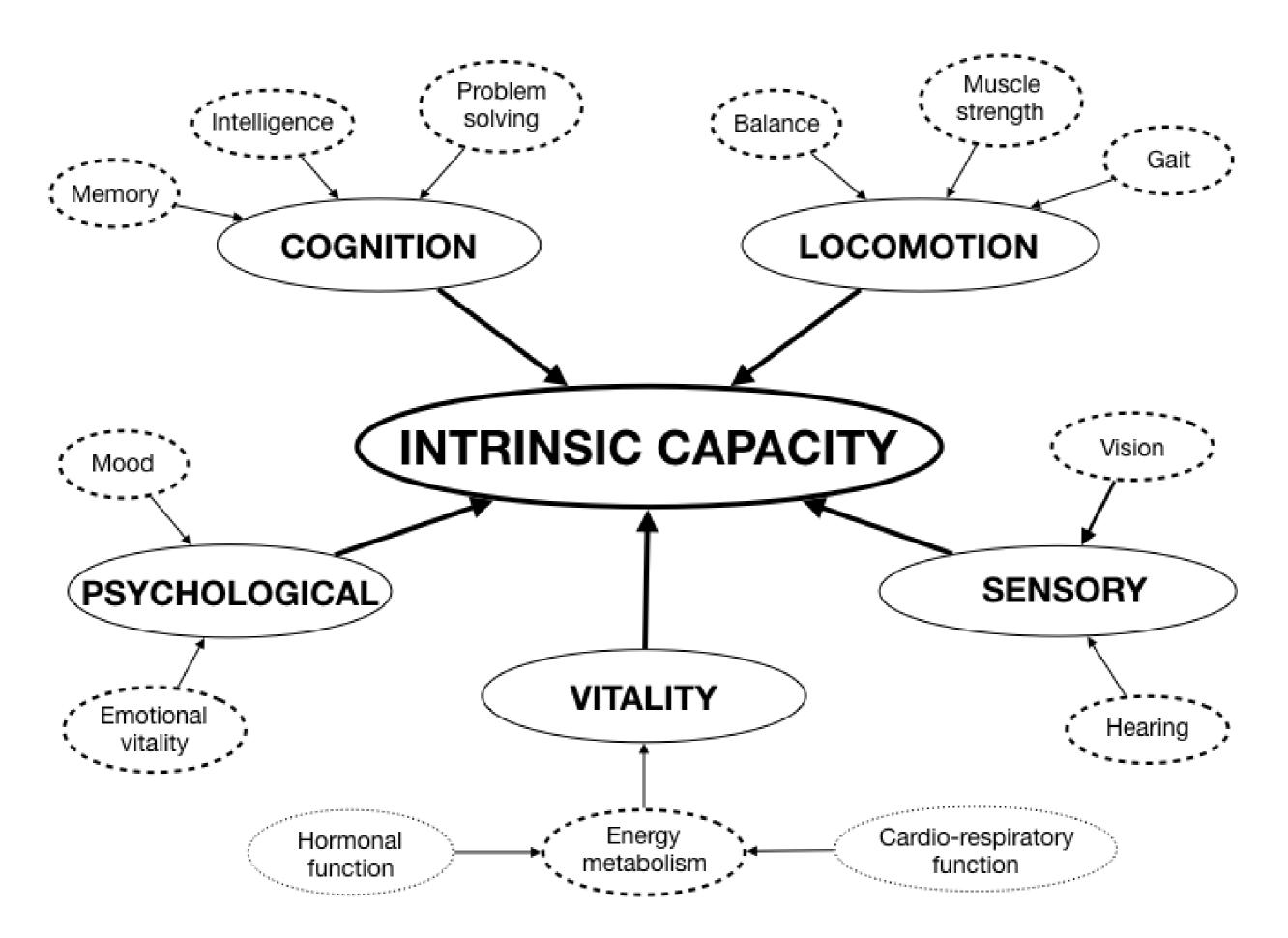


World Health Organization. *The International Classification of Functioning, Disability and Health.* Geneva, Switzerland: World Health Organization; 2001

Body functions and structures

| FUNCTIONS | STRUCTURES |
|---|--|
| Mental function | Structure of the nervous system |
| Sensory functions and pain | The eye, ear and related structures |
| Voice and speech functions | Structures involved in voice and speech |
| Functions of the cardiovascular, hematological, immunological and respiratory systems | Structure of the cardiovascular, immunological and respiratory systems |
| Functions of the Digestive, Metabolic, Endocrine Systems | Structures Related to the Digestive, Metabolic and Endocrine Systems |
| Genitourinary and Reproductive Functions | Structure Related to Genitourinary and Reproductive Systems |
| Neuro-musculoskeletal and Movement-Related Functions | Structure Related to Movement |
| Functions of the Skin and Related Structures | Skin and Related Structures |

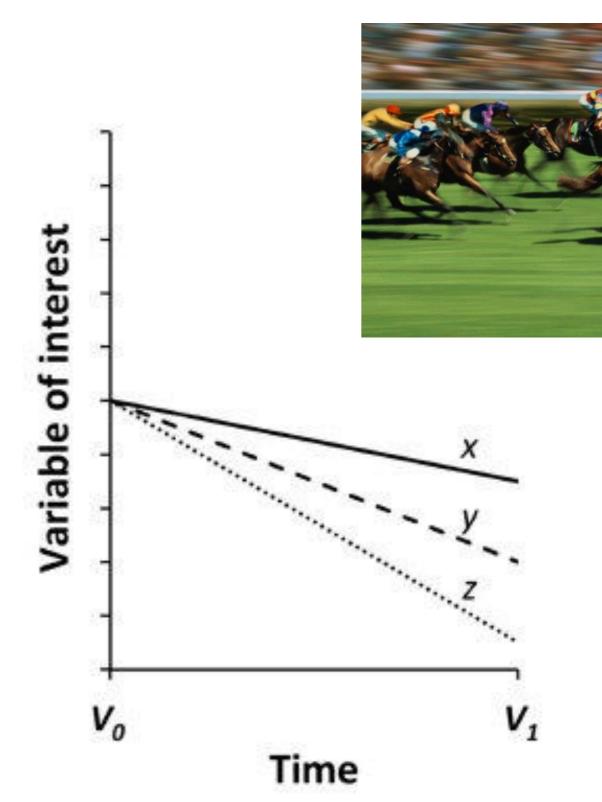




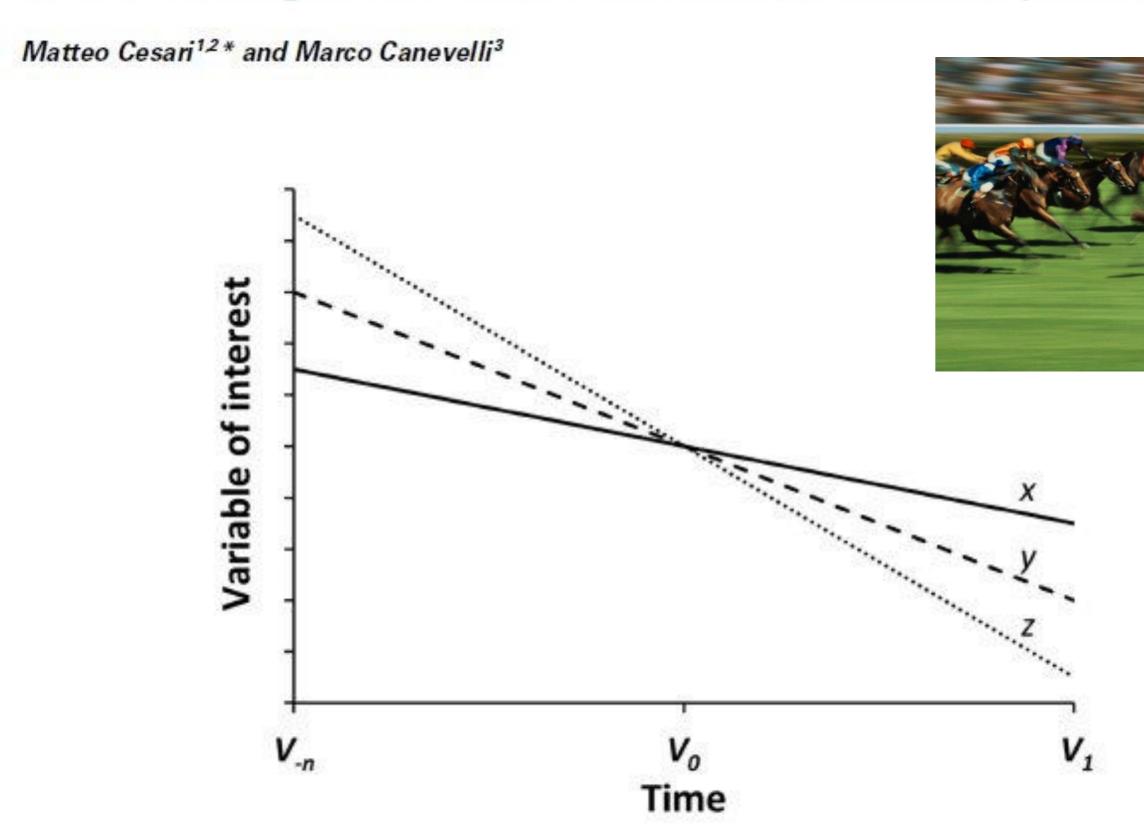
Cesari M et al. J Gerontol A Biol Sci Med Sci in press

Horse-racing effect and clinical trials in older persons

Matteo Cesari 12 * and Marco Canevelli3



Horse-racing effect and clinical trials in older persons



Birth to 24 months: Girls Head circumference-for-age and NAME . Weight-for-length percentiles RECORD# in cm= EAGE (MONTHS): E A 46 D C R ¢ U 23 M E R 20 19 C 18 32 16 32 30--28 28 26 24 22 22 18 16 EIGHT Comment cm 46 48 50 52 54 56 58 60 62 in 18 19 20 21 22 23 24

Published by the Centers for Disease Control and Prevention, November 1, 2009 SOURCE: WHO Child Growth Standards (http://www.who.nt/childgrowth/en)



| Birth 3 6 9 12 15 18 21 24 -In cm | lead | irth to 24 months: Boys ead circumference-for-age and /eight-for-length percentiles | | | | | | | | NAM | E | | RECORD# | | | | | | | |
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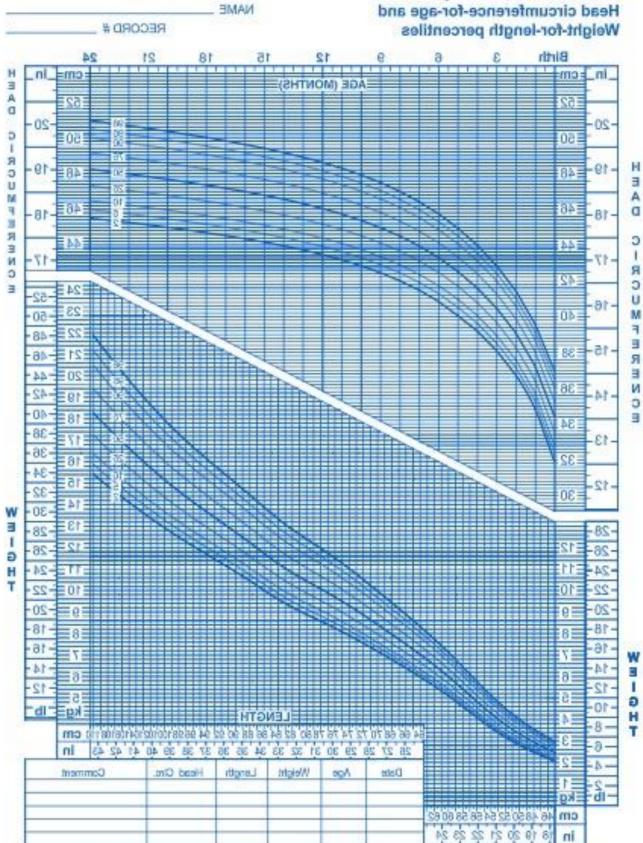
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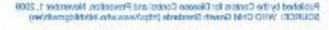
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Birth to 24 months: Boys



Birth to 24 months: Girls Head circumference-for-age and Weight-for-length percentiles

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Published by the Centers for Designs Central and Prevention, November 1, 2009 SOURCE: With Creath Standards (http://www.arto.ch/childgrow/h/km)



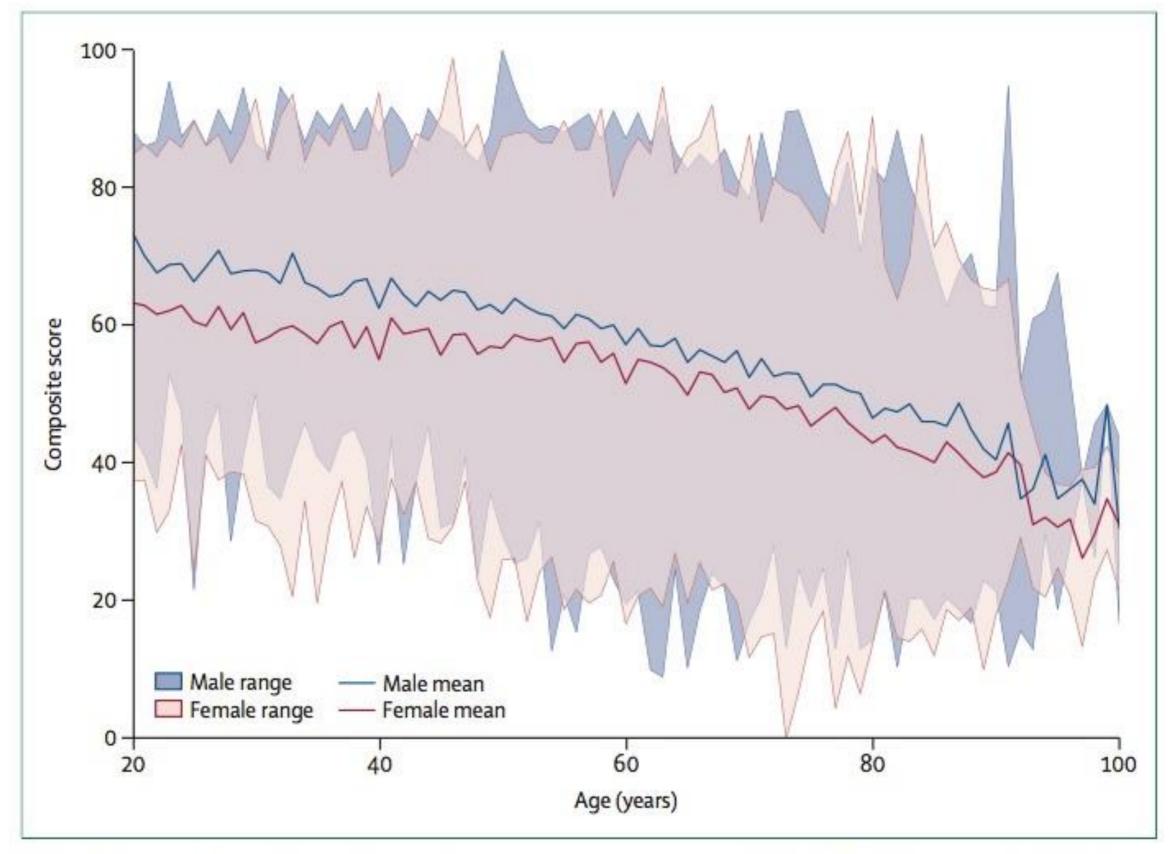
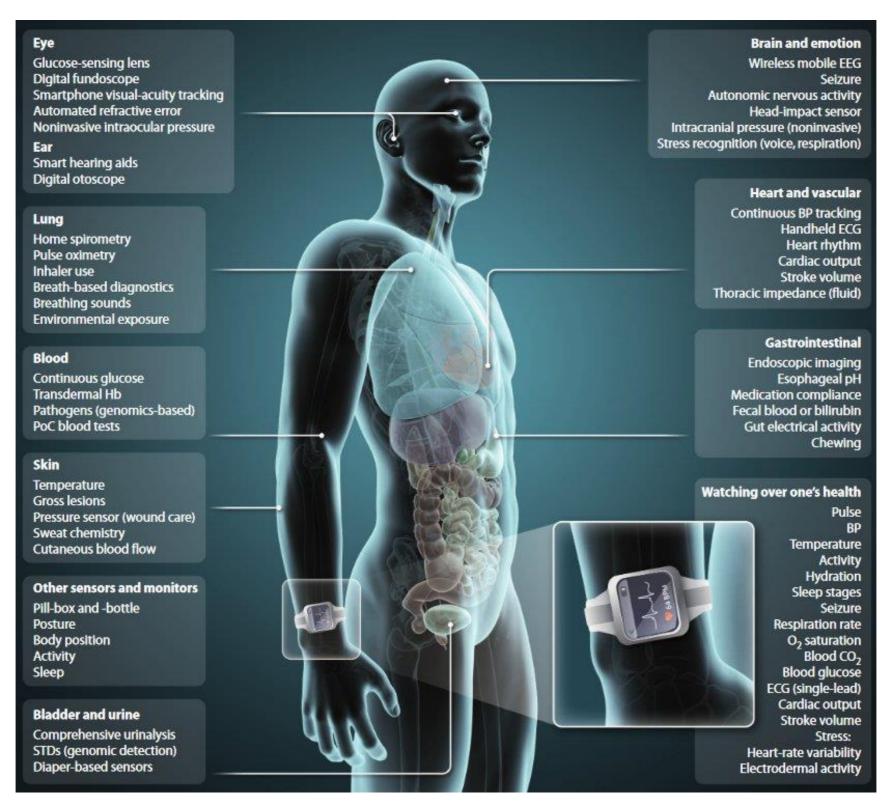


Figure 3: Range and mean intrinsic capacity of men and women in countries in the Study on global AGEing and adult health 2007-2010 (wave 1)42

The emerging field of mobile health

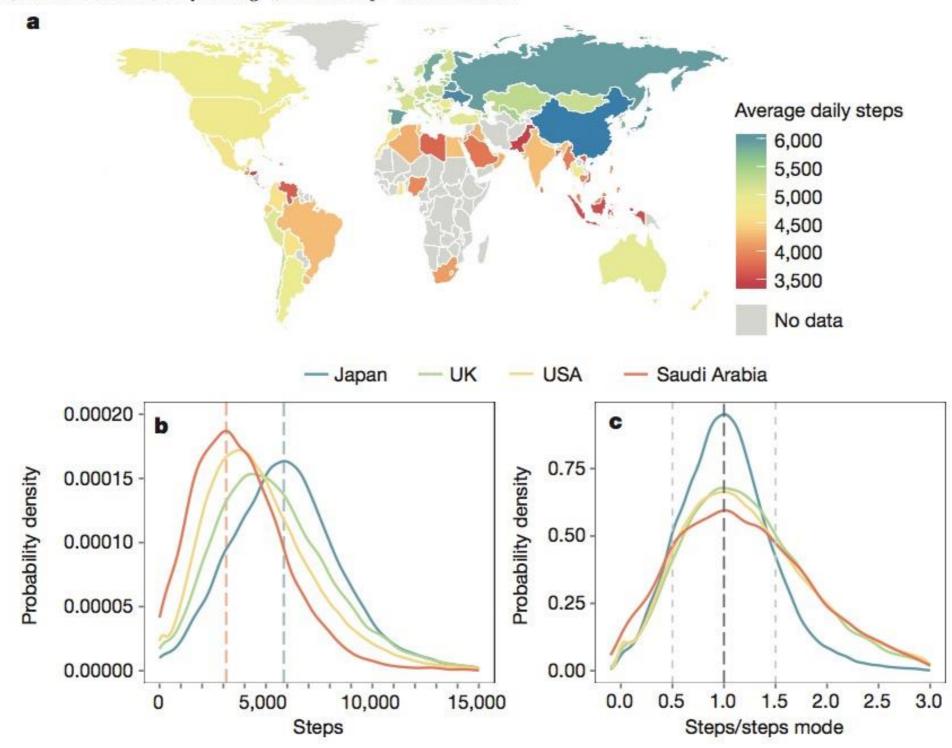
Steven R. Steinhubl,* Evan D. Muse, Eric J. Topol





Large-scale physical activity data reveal worldwide activity inequality

Tim Althoff¹, Rok Sosič¹, Jennifer L. Hicks², Abby C. King^{3,4}, Scott L. Delp^{2,5} & Jure Leskovec^{1,6}



Pedometer Use Increases Daily Steps and Functional Status in Older Adults

Allison Snyder, MD, Bryanne Colvin, MD, and Julie K. Gammack, MD

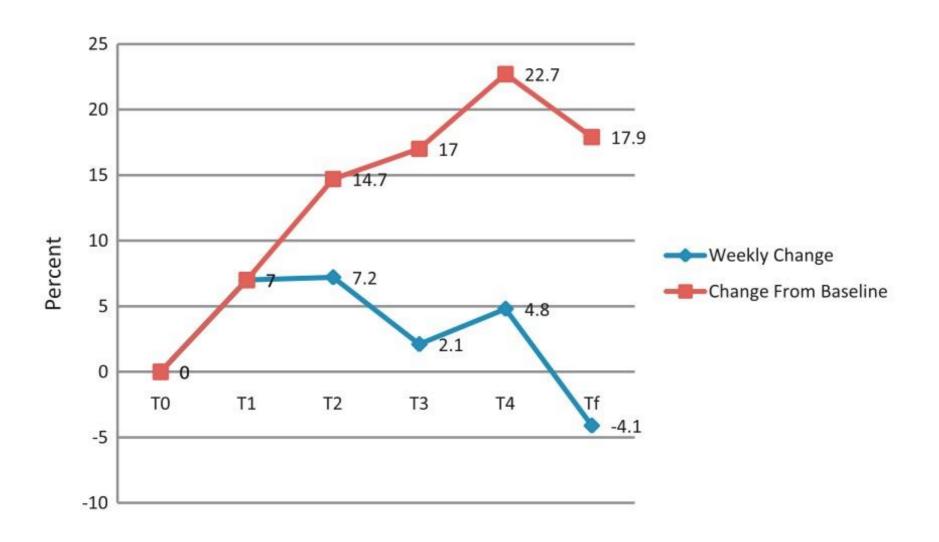


Fig. 1. Percent change in average daily steps at weekly study time points compared to baseline and to previous week.

THE WALL STREET JOURNAL.

BUSINESS | MANAGEMENT

Employees Get Apple Watch for \$25 (But There's a Catch)

Since passage of the Affordable Care Act, employers have dangled ever-larger incentives to motivate workers to stay healthy



The activity app on an Apple Watch is displayed during a preview event for the smartwatch in 2015. Some employers are offering these watches for \$25 to their staff, if they can stick to fitness goals over a period of two years. PHOTO: CHRIS RATCLIFFE/BLOOMBERG



Integrated care for older people

Guidelines on community-level interventions to manage declines in intrinsic capacity



Assess older person's needs and declining physical and mental capacities

Implement the care plan using principles of self-management support

Ensure a strong referral pathway and monitoring of the care plan

Define the goal of care and develop a care plan with multicomponent interventions

Engage communities and support caregivers

Investment

Health systems

Long-term care systems

Lifelong learning

Age-friendly environments

Social protection

Source: adapted from unpublished information from the World Economic Forum's Global Agenda Council on Ageing, 2013.

Investment **Benefits** Health systems Health Skills and Long-term care knowledge systems Lifelong learning Mobility Social Age-friendly environments connectivity Social protection Financial security Personal dignity, safety and security

Source: adapted from unpublished information from the World Economic Forum's Global Agenda Council on Ageing, 2013.

| Investment | | Benefits | | Return |
|------------------------|----------|------------------------------|----------|---------------------------------|
| Health systems | | Health | | Individual well-being |
| Long-term care systems | | Skills and knowledge | | Workforce |
| Lifelong learning | | Mobility | | participation |
| Age-friendly | — | Social | — | Consumption |
| environments | | connectivity | | Entrepreneurship and investment |
| Social protection | | Financial security | | Innovation |
| | | Personal dignity, safety and | | Social and cultural |
| | | security | | contribution |
| | | | | Social cohesion |

Source: adapted from unpublished information from the World Economic Forum's Global Agenda Council on Ageing, 2013.

Conclusions

Intrinsic capacity is a novel concept addressing the inadequacy of current systems, which are traditionally focused on the disease construct

Tracking intrinsic capacity modifications will allow to:

- Implement more comprehensive assessments of the individual's health status
- Introduce a longitudinal (thus more informative) approach in the evaluation of older persons
- Prioritize functions (rather than nosological conditions)
- Better take into account environmental (social, economic) inequalities
- Overcome possible stigma (ageism)
- Benefit from potential novel technologies

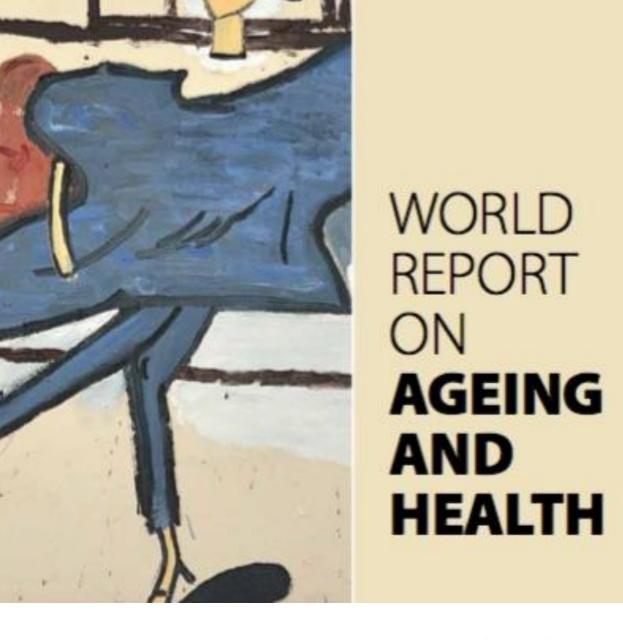




Grazie!

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www.who.int/ageing/events/world-report-2015-launch/en/