

2024

ROMA 1° OTTOBRE

Ministero della Salute, Auditorium Cosimo Piccinno

LA PERSONA ANZIANA PROTAGONISTA DEL SUO TEMPO E DELLA SUA SALUTE

LA PERSONA ANZIANA PROTAGONISTA DEL SUO TEMPO E DELLA SUA SALUTE

F E D E R A Z I O N E I T A L I A N A A Z I E N D E S A N I T A R I E E O S P E D A L I E R E

2024
FIASO

Ernesto Palummeri

Geriatra

Consulente A.Li.Sa. - Regione Liguria

NEL DOCUMENTO **FIASO** IL TERMINE
PREVENZIONE
COMPARE
48 VOLTE

ITALIA

LIGURIA

	2019	2024	2019	2024
POPOLAZIONE RES.	59.816.673	58.989.749	1.532.980	1.508.847
OVER 65	13.693.215	14.357.928	437.847	437.058
% OVER 65	22,9	24,3	28,6	29,0
OVER 75	7.009.086	7.438.515	242.239	244.258
% OVER 75	11,8	12,6	15,8	16,2
OVER 85	2.133.573	2.331.355	78.617	82.602
% OVER 85	3,6	4,0	5,1	5,5
0-14 ANNI	7.871.887	7.184.837	170.174	157.947
INDICE DI VECCHIAIA	173,9	199,8	257,3	276,7

Comune di FASCIA (GE) INDICE DI VECCHIAIA = 3700

DATI ISTAT, 2024

English Longitudinal Study of Ageing (9 ANNI)

Table 3 Association between clusters of LTC trajectory and all-cause mortality.

	Alive (14 310, 95.6%)	Dead (652, 4.4%)	Unadjusted OR (95% CI)	Adjusted* OR (95% CI)	P value†
Trajectory cluster					
No LTC	2796 (98.9)	30 (1.1)	Reference	Reference	<0.0001
Single LTC	4668 (97.2)	134 (2.8)	2.69 (1.81 to 4.01)	1.81 (1.21 to 2.73)	
Evolving multimorbidity	3566 (95.4)	174 (4.6)	4.59 (3.10 to 6.78)	2.26 (1.51 to 3.38)	
Moderate multimorbidity	2349 (92.8)	183 (7.2)	7.22 (4.89 to 10.7)	2.62 (1.75 to 3.94)	
High multimorbidity	931 (87.6)	132 (12.4)	13.6 (9.11 to 20.3)	4.03 (2.64 to 6.15)	

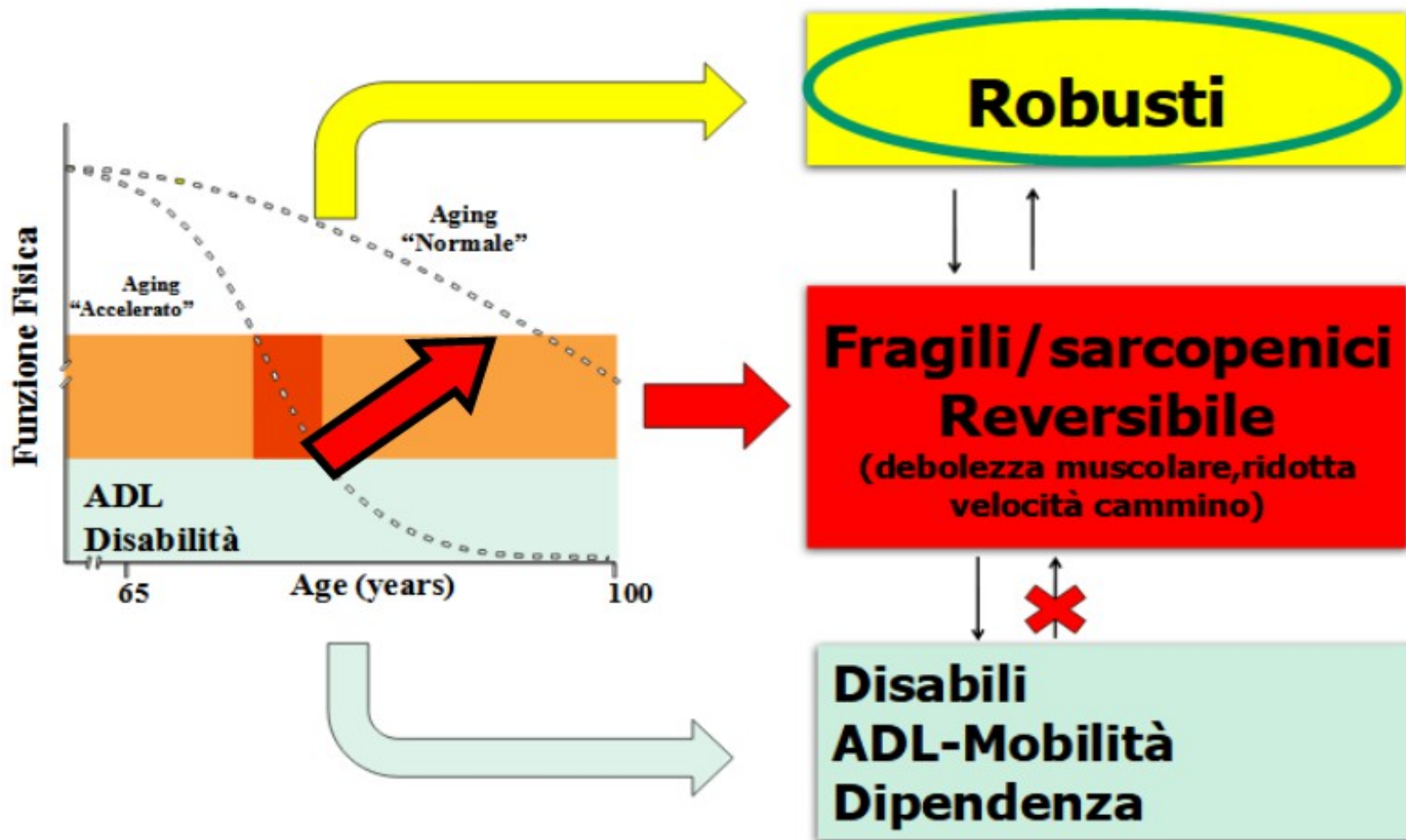
*Adjusted for age, sex, ethnicity, education, employment status and marital status. Age was included in the model as a squared term.

†P value for trend.

LTC, long-term condition.

CV Chalitsios et al, Br Med J Open , 2024

DISOMOGENEITA' NELLE TRAIETTORIE DI INVECCHIAMENTO



La Fragilità è una condizione dinamica e la popolazione anziana fragile può tornare ad essere "robusta", ma può anche diventare disabile se non vengono intrapresi specifici interventi.

THE I.A.N.A. TASK FORCE ON FRAILTY ASSESSMENT OF OLDER PEOPLE, 2008

A



B



Trend of over 74 years old population in Liguria Region in the next 10 years and estimated needs in Nursing home beds

	2019	2024	2029
Nr. Over 74	242000	244000	245300
Nr. Over 74 Frail	43560 (18%)	44000 (18%)	44150 (18%)
Nr. NH beds (30% Over 74 Frail)	13050	13200	13250

Trend of over 74 years old population in Liguria Region in the next 10 years and estimated needs in Nursing home beds

With a 1%/5 years decrease in frailty prevalence

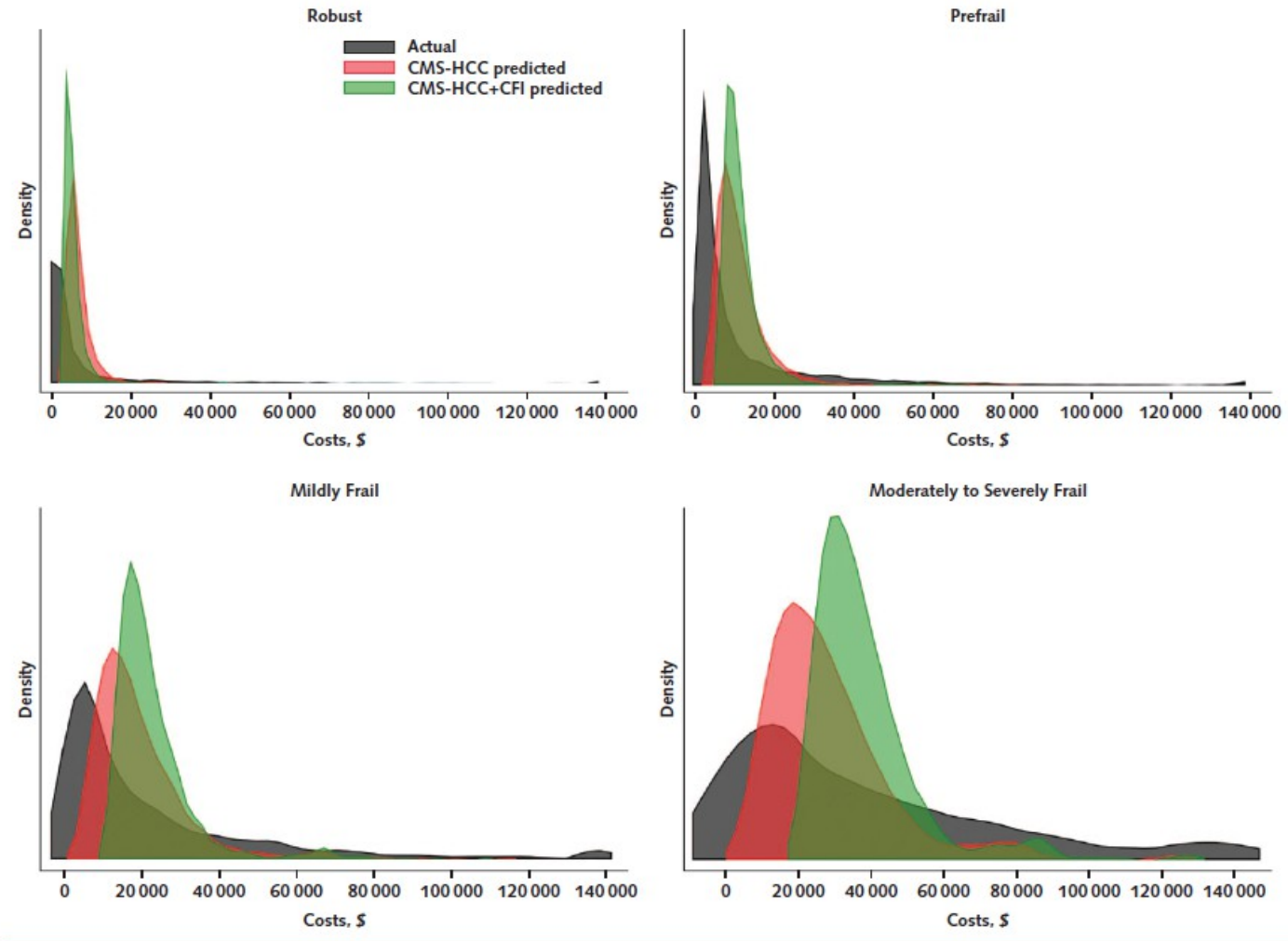
	2019	2024	2029
Nr. Over 74	242000	244000	245300
Nr. Over 74 Frail	43560 (18%)	41480 (17%)	38880 (16%)
Nr. NH beds (30% Over 74 Frail)	13050	12450	11670
Nr. NH beds (30% Over 74 Frail)	13050	13200	13250

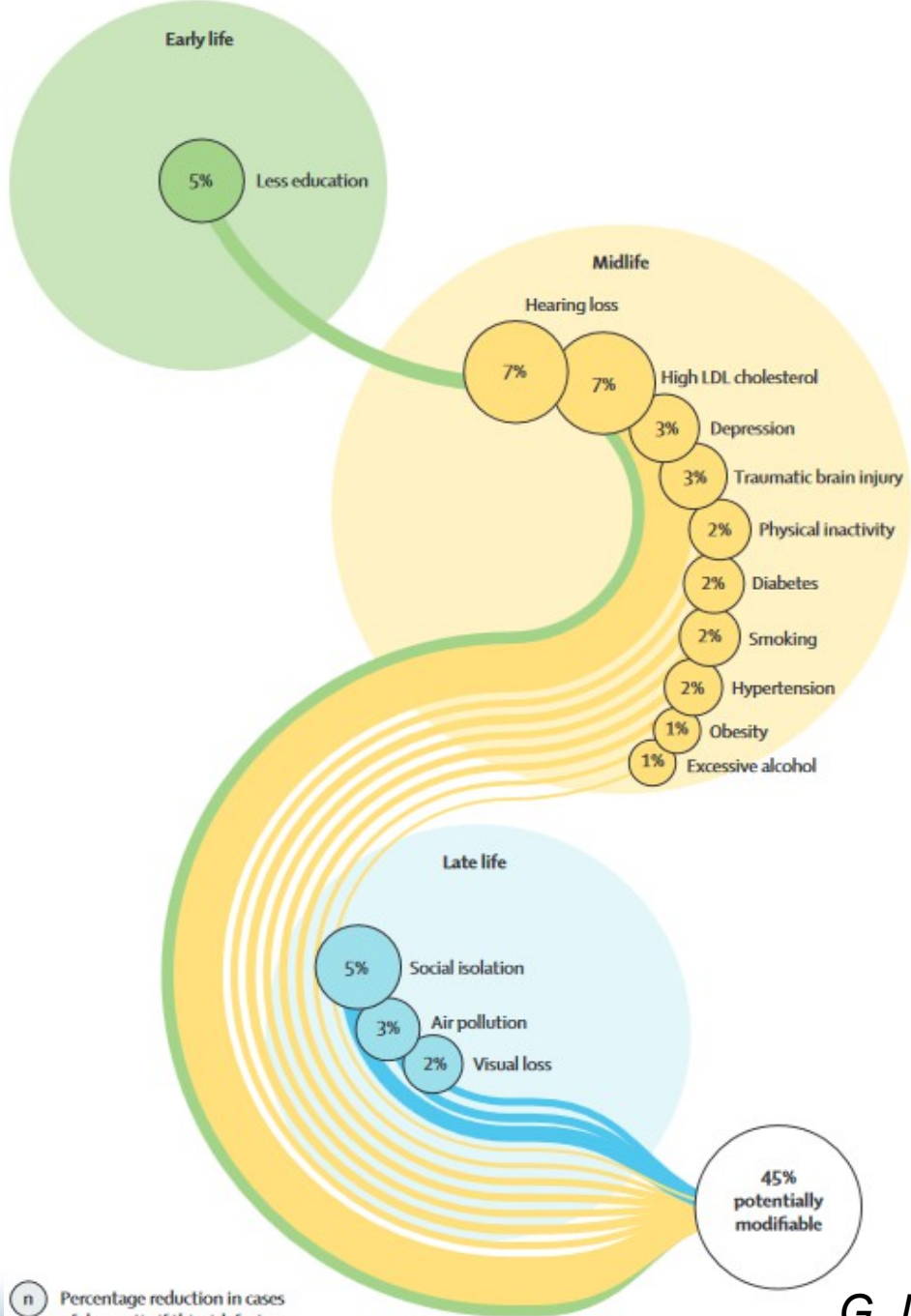
Relationship of a Claims-Based Frailty Index to Annualized Medicare Costs

A Cohort Study

Kenton J. Johnston, PhD; Hefei Wen, PhD; and Karen E. Joynt Maddox, MD, MPH

Figure 1. Distribution of actual costs and predicted costs, by baseline frailty severity level.





o tempo e della sua salute

Early life	
Less education	Education
	Illiterate
Midlife	Primary school
Hearing loss	Middle school
High LDL cholesterol	High school/university
Depression	
Traumatic brain injury	
Physical inactivity	
Smoking	
Diabetes	
Hypertension	
Obesity	
Excessive alcohol consumption	
Late life	
Social isolation	
Air pollution	
Untreated vision loss	

N ^a	Frail (408)	Prefrail (341)	Robust (371)	p-value
1119				
495	49.7	29.9	20.4	<0.001
390	31.3	32.3	36.4	
146	20.5	28.8	50.7	
88	10.2	28.4	61.4	

C. Boulos et al. / Clinical Nutrition 35 (2016) 138-143

G. Livingston et al., Lancet 2024

n Percentage reduction in cases of dementia if this risk factor is eliminated

Physical Frailty: ICFSR* International Clinical Practice Guidelines for Identification and Management



La persona anziana prot

Table 1

Summary of ICFSR evidence-based recommendations and clinical considerations for the identification of frailty in older adults

*ICFSR= *International Conference of Frailty and Sarcopenia Research*

	Recommendation	Grade
<i>Frailty Screening</i>		
1	All adults aged 65 years and over should be offered screening for frailty using a validated rapid frailty instrument suitable to the specific setting or context	Strong
<i>Frailty Assessment</i>		
2	Clinical assessment of frailty should be performed for all older adults screening as positive for frailty or pre-frailty	Strong
<i>Development of a Comprehensive Management Plan</i>		
3	A comprehensive care plan for frailty should systematically address polypharmacy, the management of sarcopenia, treatable causes of weight loss, and the causes of fatigue (depression,	Strong
<i>Physical Activity/Exercise</i>		
5	Older people with frailty should be offered a multi-component physical activity programme (or those with pre-frailty as a preventative component)	Strong
6	Health practitioners are strongly encouraged to refer older people with frailty to physical activity programmes with a progressive, resistance-training component	Strong
<i>Additional Therapies and Treatments</i>		
11	Vitamin D supplementation is not recommended for the treatment of frailty unless vitamin D deficiency is present	CBR ^o
12	Cognitive or problem-solving therapy is not systematically recommended for the treatment of frailty	CBR ^o
13	Hormone therapy is not recommended for the treatment of frailty	CBR ^o
14	All persons with frailty may be offered social support as needed to address unmet needs and encourage adherence to the Comprehensive Management Plan	Strong

^o CBR=*Consensus Based Recommendations formulated by the ICFSR task force on frailty*

E.Dent et al. 2019

