

# A BLUEPRINT FOR HEALTHY AGEING

PROACTIVE MANAGEMENT OF MUSCLE
HEALTH THOUGH FULLY FUNDED CLINICAL
REVIEWS FOR FRAIL / PRE-FRAIL PATIENTS





# AS THE POPULATION AGES, SO TOO DOES THE DEMAND ON OUR HEALTHCARE SYSTEM.

The 2021 census revealed that the number of people aged 65+ in England and Wales is now of our total population

This is projected to reach 26% by 2066.<sup>2,3</sup>

The focus for primary care is to deliver a proactive population health approach for patients as they age. This is especially important for those most at risk of negative health outcomes such as frailty / pre-frailty and muscular skeletal-conditions, where early identification and intervention can improve strength, reduce falls and hospital admissions, and help people maintain their independence as they get older.<sup>4</sup>

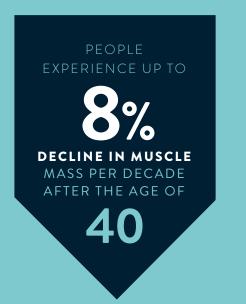
To support the NHS's focus on disease prevention and helping people manage their health as they age,<sup>4</sup> Abbott offers fully funded patient reviews in primary care. Delivered by leading independent clinical services provider Shine Clinical, this service aims to identify and support adults at risk of frailty / pre-frailty who may be susceptible to malnutrition and muscle loss and may benefit from nutritional intervention.

# THE IMPORTANCE OF MUSCLE STRENGTH FOR HEALTHY AGEING

Strategies for healthy aging often seek to optimise health and minimise chronic disease and physical decline, with the ultimate goal of helping individuals maintain their independence.<sup>5</sup>

However, a notable consequence of ageing is the involuntary decline of muscle mass, strength and function, sometimes referred to as sarcopenia.<sup>6</sup>

Sarcopenia is defined as an age-related loss of muscle, but loss of muscle mass / function can be seen as early as at the age of 40:<sup>7,8</sup>





Sarcopenia often leads to frailty, a term which typically incorporates a reduction in health, energy levels and cognition, leading to increased susceptibility to further illness and a decline in physical health.<sup>5,9</sup>



# THE BURDEN OF MUSCLE LOSS AS PATIENTS AGE

## THE FRAILTY CYCLE: SARCOPENIA, FRAILTY AND MALNUTRITION

The co-existence of malnutrition, sarcopenia and frailty is extremely common. Whilst malnutrition plays a key role in the trajectory of both sarcopenia and frailty, it is also worsened by frailty, which indicates a complex relationship where each condition is accelerated by the other and can cause a cyclical pathway for the patient.<sup>10</sup>



# CONSEQUENCES OF MUSCLE LOSS FOR AGEING, FRAIL AND SARCOPENIC PATIENTS

As adults become less active, and consume less protein and calories due to other chronic diseases, this can lead to fatigue, accelerated sarcopenia and an overall decline in muscle mass.<sup>7</sup>

Sarcopenia and frailty are associated with an increased risk of poor outcomes for patients and can have a significant impact on emotional wellbeing::<sup>11-15</sup>



INCREASED RISK
OF DISABILITY



HIGHER RISK OF MORTALITY



POOR BALANCE AND INCREASED RISK OF FALLS



REDUCED QUALITY OF LIFE



SYMPTOMS OF ANXIETY AND DEPRESSION



FEELINGS OF LONELINESS AND SOCIAL ISOLATION

These factors can also put a strain on healthcare services:16,17

SOCIAL CARE COSTS
CAN BE OVER

800%
HIGHER

FOR EVERY 1% OF PEOPLE
PREVENTED FROM
DEVELOPING FRAILTY, SOCIAL
CARE COST SAVINGS OF

£4.4m

MILLION PER YEAR

COULD BE REALISED\*\*

<sup>\*</sup>Than non-frail people. \*\*In England.



# MUSCLE LOSS, SARCOPENIA AND FRAILTY CAN BE REVERSED IF IDENTIFIED AND TREATED EARLY

Although frailty and declining physical function are associated with increased age, promoting healthy ageing from middle age onwards could delay the onset of frailty as people grow older.<sup>5</sup>

Muscle loss and sarcopenia are reversible with early nutritional intervention and treatment. 18,19

Although muscle wasting often leads to frailty, particularly in older patients, frailty too can be treated if early identification and intervention take place.<sup>20,21</sup>



# THE IMPORTANCE OF MALNUTRITION AND MUSCLE SCREENING / ASSESSMENT AND INTERVENTION

Screening for undernutrition / frailty is critical for early assessment and intervention to maintain functionality and support healthy ageing.<sup>22</sup>

Early identification of frailty symptoms, such as loss of muscle mass,<sup>21,23</sup> and targeted support, including nutritional intervention, can improve patients' wellbeing and quality of life, enabling them to live independently for longer.<sup>24</sup>

#### MUSCLE SCREENING AND ASSESSMENT



Recommended by the
European Working Group on
Sarcopenia in Older People
(EWGSOP2).<sup>23</sup> Tools for
screening / assessment can be can
be quick, inexpensive and easy to
apply in clinical practice.<sup>12</sup>



Can easily identify limited strength and performance, which can help implement interventions.<sup>26,27</sup>



### ABBOTT'S FULLY FUNDED FRAILTY SERVICE REVIEWS

This service aims to support practices in identifying and supporting adult patients who are at risk of frailty or have frailty, to age well by minimising the negative impact of malnutrition and / or muscle loss.

The service will identify patients who may benefit from a combination of pharmacological and non-pharmacological management, including food fortification advice and / or oral nutritional supplements (ONS).

This will be achieved by helping practices support the adoption of NICE Clinical Guidance CG32 and PrescQIPP guidelines B145:<sup>28,29</sup>



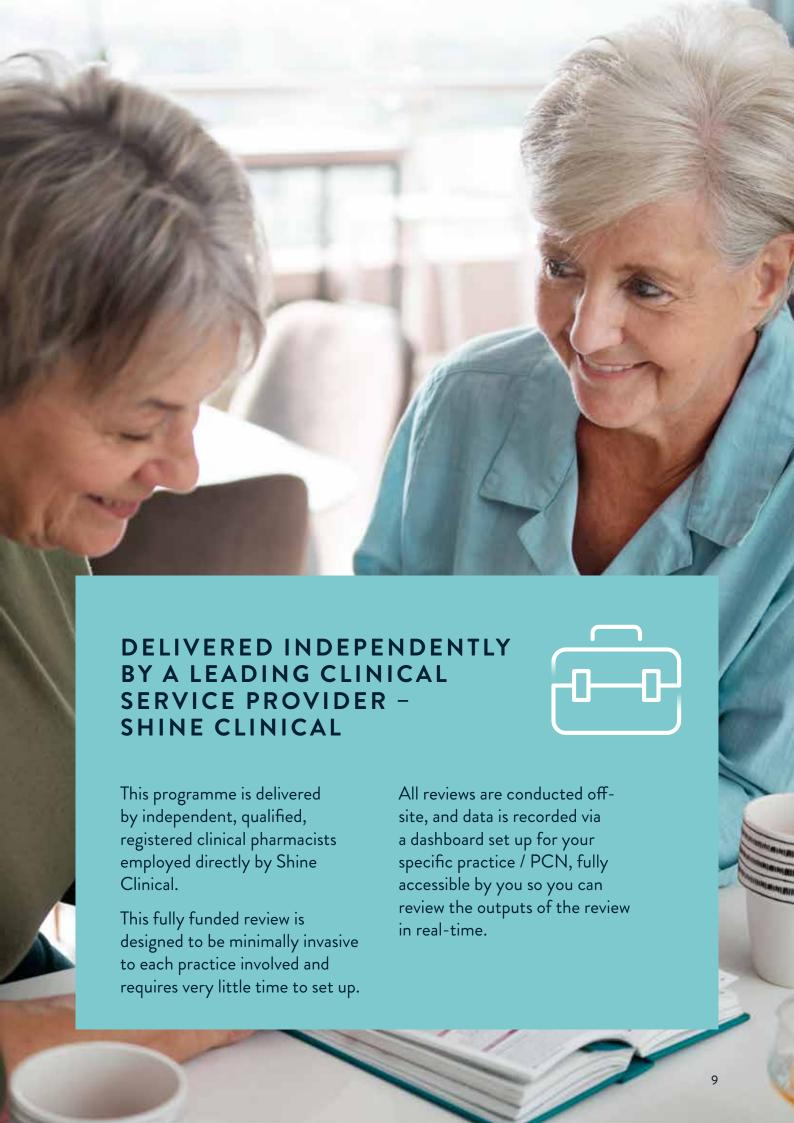
**SUSTAINED IMPROVEMENT** in the identification and management of frail / pre-frail patients at risk of malnutrition and muscle loss, who would benefit from either nutritional screening, education and / or introduction of ONS through an assessment of risk factors including BMI, weight loss, 'Malnutrition Universal Screening Tool' ('MUST') score, frailty and comorbidities.



**IMPROVING THE QUALITY** of care and treatment of muscle loss and malnutrition and thus improving overall population health and reducing the burden on the NHS.



**EDUCATION FOR PRACTICES** through adoption of NICE guidance that supports sustained improvement in the identification and therapeutic management of people at risk of malnutrition and muscle loss to support the delivery of care.





# OVERVIEW OF THE FRAILTY SERVICE REVIEW PROCESS



#### PHASE 1: WRITTEN AGREEMENT

30-minute meeting with GP to obtain written agreement of protocol to access systems



#### **PHASE 2: IDENTIFY**

Run searches to identify frail / pre-frail patients at high risk of muscle loss and malnutrition and stratify data, creating a dashboard



#### **PHASE 3: STRATIFY**

Send self-assessment screening via text to all frail / pre-frail patients and notify them of the review



#### **PHASE 4: REVIEW**

Clinical Pharmacist conducts a holistic review based on risk factors and will recommend appropriate pharmacological and non-pharmacological interventions in line with protocol and national / local guidance.

Send out educational information to patients



#### PHASE 5: LEGACY FOLLOW UP

Handover of dashboard to practice. Training for staff on muscle and nutritional screening and how to continue this work in the future

# BENEFITS OF THESE REVIEWS TO BOTH PRACTICE AND PATIENTS

The programme supports the identification of patients who are at risk of muscle loss and delivers recommendations to practices for interventions, both pharmacological and non-pharmacological.

#### INTENDED BENEFITS TO PATIENTS:



BETTER QUALITY OF LIFE



REDUCED GP VISITS



REDUCED ADMISSION TO HOSPITAL

#### INTENDED BENEFITS TO HEALTHCARE PROFESSIONALS:



REDUCED WORKLOAD



EDUCATION AND TRAINING



PERSONAL DEVELOPMENT PLANS

#### INTENDED BENEFITS TO PRACTICE:



IMPROVED MEDICINES OPTIMISATION



REDUCED PER-PATIENT COST OF CARE



REDUCED PRESSURES ON LOCAL SERVICES



CARE QUALITY COMMISSION ADHERENCE



INSIGHT INTO QOF INDICATORS AND HOSPITAL STATISTICS



ADHERENCE TO NHS POLICY



### To find out more about this project and how your practice / PCN can get involved, contact:

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#### **ASSURANCES**

Shine Clinical is an NHS Business Partner who is commissioned by over 100 NHS organisations to actively improve prevalence within practices and leave a legacy to help improve patient outcomes.

- Shine operates a robust clinical governance framework
- Information guidance protocols are designed in line with NHS policy
- $\bullet \qquad \hbox{Shine is accredited with Cyber Essentials Plus certification and is HSCN compliant}\\$
- The organisation completes annual data security and protection toolkit filing

