



# IAGG GARN News Release N° 2015-10

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Toulouse, May 18, 2015

Dear Colleague,

We are happy to update you with the most recent actions setup by the IAGG GARN Network. It highlights IAGG's interest in older people's health and the need to promote research in many geriatric fields. With the assistance of appropriate specialists and with a few tools, research and implementation into clinical practice should be available in all health facilities around the world. We hope that these actions will raise awareness and help you implement them into clinical practice in your country.

## 1. Reorganization of the IAGG GARN website

IAGG GARN website has been reorganized to further enhance scientific works on age-related issues developed worldwide. It is fully dedicated to aging research with comprehensive information for all those involved in Alzheimer's Prevention, Frailty (including Cognitive Frailty & Sarcopenia), and Nursing Homes. This tool now makes available a regular monitoring of scientific literature, a permanent watch on calls and funding opportunities, and more generally updated information on the important outcomes in the field of aging. The website includes sections such as: news, research programs, events, publications, data-sharing, clinical practice. In addition, a forum will be established soon and will provide opportunities for our community to exchange on the last scientific findings.

Website: <http://www.garn-network.org>

## 2. Frailty Screening in the Community Using the FRAIL Scale

The objective of this study (Woo J et al) is to explore the feasibility of using the FRAIL scale in community screening of older Chinese people aged 65 years and older, followed by clinical validation by comprehensive geriatric assessment of those classified as pre-frail or frail. A total of 816 members of elderly centers attending by themselves or accompanied by relatives. For phase 1, questionnaire (including demographic, lifestyle, chronic diseases) and screening tools were administered by trained volunteers.

The prevalence of pre-frailty and frailty were 52.4% and 12.5%, respectively. The prevalence for frailty increasing with age from 5.1% for those aged 65-69 years to 16.8% for those  $\geq 75$ , being greater in women compared with men (13.9% vs 4.2%). Of those who were pre-frail or frail ( $n = 529$ ), 42.5% had Sarcopenia and 60.7% had mild cognitive impairment. Among those who were frail ( $n = 102$ ), Sarcopenia and mild cognitive impairment were also frequently present: 12.8% had Sarcopenia, 14.7% had mild cognitive impairment, 63.7% had both Sarcopenia and mild cognitive impairment, and only 8.8% had neither. In phase 2, participants who were classified as pre-frail or frail ( $n = 529$ ) were invited for further interviews; 255 participants (48.2%) returned. Compared with the pre-frail group, those in the frail group were less physically active, had higher number of chronic diseases, were taking more medications (more were taking sleeping pills), reported more falls, rated their health as poor, had higher prevalence of depressive symptoms and mild cognitive

impairment, had higher prevalence of Sarcopenia, and a high number of activities of daily living and instrumental activities of daily living disabilities.

In conclusion the FRAIL scale may be used as the first step in a step care approach to detecting frailty in the community, allowing targeted intervention to potentially retard decline and future disability. Woo J J et al(1), Yu R(2), Wong M(2), Yeung F(2), Wong M(2), Lum C(3). Frailty Screening in the Community Using the FRAIL Scale. J Am Med Dir Assoc. 2015 Feb 24. Full text at <http://www.ncbi.nlm.nih.gov/pubmed/25732832>

### **3. Message to IAGG GARN from the British Geriatrics Society**

Colin NEE, Chief Executive Officer of the British Geriatrics Society (BGS) says “Frailty is an increasingly urgent issue facing health care service design. Older people are the main users of UK health and social care services; approximately 10 per cent of people aged over 65, and 25 to 50 per cent of those aged over 85, are living with frailty.

Research suggests that only half of older people in the UK with frailty syndromes receive effective health care interventions; there is also some evidence that focusing community services on those with frailty rather than on those ‘at highest risk of hospital admission’ might improve quality of patient care and reduce hospital bed usage.”

He announces that his organization has recently published three materials on frailty:

1/ A special issue of “Age and Ageing” published in February 2015, focusing specifically on frailty. It gathers together selected publications from the journal, covering conceptual descriptions of frailty, reporting its epidemiology, contrasting different options for clinical assessment, and identifying interventions which might improve outcomes. You can download it [http://www.oxfordjournals.org/our\\_journals/ageing/frailty\\_virtual\\_issue.html](http://www.oxfordjournals.org/our_journals/ageing/frailty_virtual_issue.html)

2/ "Fit for Frailty Part 1", is targeted at a range of health practitioners. It focuses on recognizing the condition of frailty, and understanding the strategies available for managing it, within community and outpatient settings. This was published in June 2014 <http://www.bgs.org.uk/index.php/resources-6/bgscampaigns/fit-for-frailty>

3/ "Fit for Frailty Part 2" was published in February 2015. It is targeted at people who plan or commission services. It calls on commissioners to prioritize preventative support for older patients, detailed assessments of the needs of older patients with frailty, and closer integration between different services. It provides detailed guidance on how the commissioning and management of services for people living with frailty in community settings can (and does) work in practice. <http://www.bgs.org.uk/index.php/fitforfrailty-2m>

### **4. WHO's Global Recommendations on Physical Activity for Health**

The World Health Organization aims to provide national and regional level policy makers with guidance on the dose-response relationship between the frequency, duration, intensity, type and total amount of physical activity needed for the prevention of NCDs. The recommendations set out in this document address three age groups: 5-17 years old; 18-64 years old; and 65 years old and above (beginning page 29). Download the english PDF file on IAGG GARN website at <http://www.garn-network.org/associated-conferences.php>. Other versions in Chinese, French, Spanish and Russian are available on the WHO website.

## 5. Interview on Cachexia and aging - Stephan ANKER, MD, PhD, FESC (University of Göttingen, Germany)

Stephan Anker is currently Professor of Innovative Clinical Trials at Göttingen University Medical Center after having held the position of Professor of Cardiology & Cachexia Research at Charité Berlin from 2002-2014. He is counsellor of the Board European Society of Cardiology (ESC, 2014-2016). Dr ANKER serves in the board of the Heart Failure Association (HFA) of the ESC (since 2006) and was President of HFA (2012-2014). He is founding Editor-in-Chief of the Journal of Cachexia, Sarcopenia and Muscle (JCSM) and of ESC Heart Failure. Dr Anker is also Co-chair of the 8th International Conference on Cachexia, Sarcopenia & Muscle Wasting that will take place on December 4-6, 2015 in Paris France. [www.cachexia.org](http://www.cachexia.org)

### 1.1. What is the definition of cachexia?

Cachexia is diagnosed in chronically ill or the elderly when weight loss of at least 5% has been reported within the last 12 months. Weight loss is the hall mark of cachexia, and it affects muscle and in many cases also fat tissue. Patients with cachexia very often suffer from important symptoms, like muscle weakness and increased fatiguability, shortness of breath and overall reduced exercise capacity. Cachectic patients also suffer from frailty and diagnosing low gait speed can also guide one towards a diagnosis of cachexia.



### 1.2. What are the specificities of cachexia in older adults?

When cachexia is occurring in the elderly, physical frailty is almost always present. Elderly people with cachexia frequently show chronic illnesses, often more than one. These patients have significant symptoms and increased morbidity. The risk of hospitalization is high in such patients and also mortality in cachectic elderly people is strongly increased.

## 6. Upcoming meetings

**International Academy on Nutrition and Aging (IANA), June 18-19, 2015 in Barcelona, Spain.** After Seoul, Albuquerque, Firenze this edition of the IANA conference aims to promote a better understanding and implementation of nutrition and age-related diseases into clinical practice. Topics include: MNA (Mini Nutritional Assessment) - Nutritional needs of older people - Nutritional prevention of pathologies associated with aging - Nutrition and longevity - Nutrition and quality of aging - Malnutrition : causes and consequences - Oral and enteral feeding - Functional foods - Nutrition Cognitive decline and Alzheimer. Website: <http://www.iana-congress.com>

**IAGG's 10th Asia/Oceania Regional congress, October 19-22, 2015 in Chiang Mai, Thailand.** The conference theme is "Healthy Ageing Beyond Frontiers" Expected contributions should be relevant to research, policy and practice under the main 4 themes: Clinical Sciences • Biological sciences • Behavioral and social sciences • Policy, planning and practice. Website: <http://iaggchiangmai2015.com>

**8th Conference on Clinical Trials for Alzheimer's Disease (CTAD2015), November 05-07, 2015 in Barcelona, Spain.** Alzheimer's Disease is one of the most important health challenges facing aging populations worldwide. The development of the next generation of Alzheimer's Disease drugs is becoming essential to face up to this challenge. A collaboration between CTAD, IAGG-GARN & Alzheimer Europe, this meeting will address clinical trials issues such as Methodology, Results, Imaging, Biomarkers, Cognitive Endpoints, Cognitive assessment, Behavioural disorders, Health Economics, Epidemiological, Animal model, New therapies etc. **Abstract submission deadline for symposium, oral or poster communications: June 1, 2015. Website: <http://www.ctad-alzheimer.com>**

**2nd Nursing Home Research International Working Group (NHRIWG), December 02-03, 2015 in Toulouse, France.** Despite the increase of both the aging population and the number of institutionalized older people, clinical research in nursing home is still scarce. Research is however essential to improve the quality of care in nursing home. It will rely on future evidences from researches performed in these settings, their feasibility in real life condition and the successful dissemination of these new clinical evidences. The Nursing Home Research International Working Group offers an opportunity to learn and share ideas, and to promote current knowledge among researchers, in the field of nursing home care. It will deal with the following topics: Alzheimer's disease and relevant drug *and non-drug* therapies, behaviour disorder, care organization, homecare, nursing homes, and new technologies. **Abstract submission deadline: June 30, 2015. Website: <http://www.nursing-home-research.com>**

**IAGG's 21st World Congress, July 23-27, 2017 in San Francisco, USA.** The Gerontological Society of America (GSA) will host this event that is held every four years. It will be dedicated to "Global Ageing and Health: Bridging Science, Policy and Practice." Call for abstracts will be available on spring 2016 and registration will open beginning 2017. To be regularly updated, we will shortly provide a direct link to the IAGG2017 Newsletter. Congress website: <http://www.iagg2017.org>

Best regards,

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