

## CONFERENCE ABSTRACT

### **Effectiveness of appropriate care pathways for frail older adults: a pilot study in Valencia (Spain)**

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#### ***Introduction***

Frail older adults often have multiple health and social problems [1] but experience reduced care coordination due to fragmented service provision [2], and therefore are in need of integrated care. A comprehensive model integrating the provision of health and psychosocial care can promote health and wellbeing among frail older adults. This study explored the effects of a comprehensive model (APPCARE model) on health and wellbeing, and the healthcare resources use, of +75 frail older adults with complex and co-morbid clinical situations after their hospitalization.

#### ***Methods***

Within the APPCARE model, two specific care pathways were designed and piloted in the city of Valencia (Spain): a cognitive rehabilitation pathway and a social support pathway. A total of 223 participants were included in the study, of which 130 had care as usual and 93 were referred to pathways. Participants were evaluated at baseline and after 3 months through a Comprehensive Geriatric Assessment (CGA). CGA provided detailed information on clinical, functional and cognitive aspects. Psychological aspects, in particular loneliness were also evaluated.

#### ***Results***

After the intervention, participants showed a moderate but significant improvement in their cognitive function ( $p=.024$ ) –assessed using the Short Portable Mental State Questionnaire–. However, their feelings of loneliness –measured using the De Jong Gierveld Loneliness Scale– were not significantly reduced ( $p=.368$ ). Furthermore, after 3 months attending the care pathways, the number of participants reporting visits to hospital's emergency services was reduced by 52.4% ( $p=.000$ ), as well as the number of visits to the physician ( $p=.000$ ).

#### ***Discussion***

The novel comprehensive APPCARE model showed to be effective for frail older adults suffering from moderate and mild cognitive impairment, and to reduce the use of

healthcare resources among this target population. However, no significant improvements in loneliness feelings were found. This could be explained by the duration of the intervention, which has been recommend up to 5 months [3].

### ***Conclusions***

Our pilot study found promising but minor effects for the use of a comprehensive model for the promotion of health and wellbeing among frail older adults after hospitalization. Future studies should evaluate cost-effectiveness of integrated care pathways for frail older adults in a larger study.

### ***Lessons learned***

These care pathways yearn to contribute to a shift to integrated care by adding, to the usual medical care, cognitive rehabilitation and social support care.

### ***Limitations***

Due to the pre–post non - controlled design, results cannot be directly attributed to the intervention. Moreover, the study sample is not representative of the Valencian older population, which does not permit the results to be generalised.

### ***References***

1. Manthorpe J, Iliffe S. The many meanings of frailty: is there a shared understanding? *Nursing and Residential Care* 2015;17(10):575 - 6.
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3. Cattan M, White M, Bond J, Learchmouth A. Preventing social isolation and loneliness among older people: A systematic review of health promotion interventions. *Aging & Society*. 2005; 25:41–67.