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POSTER ABSTRACT

Results of a cross-sectional study on health-related problems of community-living older adults using the GeriatrICS, an ICF-based assessment tool

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Introduction: Ideally, older adults should receive person-centred care and support that meets their individual needs and wishes, taking all relevant health-related aspects into account. A first step towards that goal is to gain insight into their health-related problems. For that purpose, a person-centred ICF Core Set for community-living older adults, the GeriatrICS, was developed. The objectives of this study were to assess the prevalence and severity of health-related problems in community-living older adults, and to assess the differences between subgroups of older adults: those with complex care needs, frail and robust older adults.

Methods: A cross-sectional study was conducted among older adults receiving person-centred and integrated care and support from Embrace, a person-centred and integrated service. Older adults with complex care needs n=163 and frail older adults n=104 were interviewed by case managers, who assessed the older adults using the GeriatrICS. Robust older adults n=274 received a questionnaire version of the GeriatrICS. All older adults had to rate the items on a scale ranging from 0 no problem to 10 complete problem. We examined data per item in terms of prevalence of problems and severity. Differences in prevalence between subgroups was tested using Chi-square tests and differences in severity were tested using Mann-Whitney U tests.

Results: Mean age of participants n=541 was 80.7 years SD 4.4, 56% was female, and 51% had a lower educational level. Preliminary analyses showed that, overall, the most prevalent and severe problems were related to the clusters Mobility, Mental Functions and Physical Health. For example, prevalence of Mobility-related problems: Complex care needs 52.0%, Frail 55.6% and Robust 43.6%, and severity: Complex care needs 1.9, Frail 2.4 and Robust 1.0. Although prevalence was comparable among frail older adults and those with complex care needs, results showed a trend in higher severity scores for frail participants. Robust older adults also showed health-related problems e.g. Physical Health: prevalence 33.8%, severity 0.8, but less frequent and less severe compared to participants with complex care needs 45.7%, 1.5 and frail participants 47.1%, 1.8.

Discussions and conclusions: We assessed health-related problems due to ageing using the GeriatrICS in a community-sample of older adults. Frail older adults and those with complex care needs showed the highest prevalence of problems, but frail participants experienced them as more severe. Besides, robust older adults already showed health-related problems, indicating the need for prevention.

Lessons learned: Prevention of health-related problems in older adults is necessary and should also be targeted at robust older adults. Results suggest that using the GeriatrICS could be a good starting point for the development of person-centred, proactive and preventive care and support programs.

Limitations: We may have to deal with common method bias, due to the difference in assessment methods interview by a case manager versus a questionnaire version. However, in both situations, the assessment was self-reported because the older adults had to indicate the severity of their problems.

Suggestions for future research: Future studies should examine the concurrent validity of both assessment methods using the GeriatrICS.

Keywords: health-related problems; icf; older adults; person-centred; assessment tool
