


MOOC 16 老唔惱 –探索內在能力

第二章 – 介紹 ICOPE 及其在識別內在能力下降的老年人中的重要性

什麼是 ICOPE?

- 老年人綜合照護 (ICOPE) 是世界衛生組織 (WHO) 為應對老年人多樣且複雜的需求而制定的綜合框架。
- 內COPE 的主要目標是通過保持和增強老年人的內在能力來促進健康老齡化。隨著人們年齡的增長，各種因素會影響他們的內在能力，導致其功能能力下降。
- ICOPE 反映了護理的連續性，這有助於將健康和社會服務重新定位為更以人為本和協調的護理模式。
- 它為醫療保健提供者、照顧者和社區提供了一套工具和指導方針，以有效地評估、監測和管理老年人的內在能力。



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ICOPE 框架

ICOPE 框架通過聚焦於內在能力，代表了老年護理方法的顯著進步。它強調了早期識別、全面評估、個人化干預以及與社區資源整合的重要性，以促進健康老齡化。通過採用 ICOPE 方法，醫療保健提供者和照顧者可以顯著地提高長者的生活質素，幫助他們在年老時保持獨立性和健康。

滿足長者健康和社會護理需求的綜合護理方法有五個關鍵步驟：

步驟 1：篩查內在能力下降


- 識別內在能力下降風險的長者。
- 健康和社會護理工作者可以在社區中輕鬆進行這項篩查。
- 他們可以使用 ICOPE 篩查工具，該工具涵蓋了內在能力領域的六個相關範疇。
- 任何被識別出的能力限制都將觸發下一步的深入評估。



步驟 2：在基層護理中進行以人為本的評估

- 以徹底了解個人的生活、價值觀、健康優先事項和健康管理偏好為起點。
- 對與內在能力下降相關的狀況進行更深入的評估。
- 評估和管理可能的潛在慢性疾病和任何多重用藥情況。多重用藥及其可能導致的不良反應可能會在多個內在能力範疇造成損失，因此始終需要進行調查。
- 評估社會和物理環境以及對社會護理和支援的需求。



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步驟 3：制定個人化護理計劃

個人化護理計劃將包括多個組成部分，可能包括：


- 管理內在能力損失的一攬子多元的干預措施，例如改善營養和鼓勵身體鍛煉的干預措施。
- 管理和治療潛在疾病、多病共存和老年症候群。
- 支持自我護理和自我管理。
- 管理任何晚期慢性疾病（舒緩治療、康復）或確保長者能夠繼續過有意義和尊嚴的生活。
- 社會護理和支援，包括環境適應，以彌補任何功能損失。
- 制定一個計劃，以家庭成員、朋友和社區服務的幫助來滿足社會護理需求。



步驟 4：確保轉介路徑並監測護理計劃，並與專科老年護理相連接

- 定期和持續的跟進，與不同程度和類型的護理服務之間的整合，對於實施建議的干預措施至關重要。
- 定期跟進還提供了監測護理計劃進展的機會，並且是一種在需要時安排額外支援的方式。
- 整全的轉介路徑對於確保在意外（例如跌倒）發生時能夠迅速獲得急診護理，以及獲得舒緩治療、臨終關懷或出院後的護理非常重要。
- 連接專科老年護理也是關鍵。醫療健康系統需要確保人們在需要時及時獲得專業和急診護理。



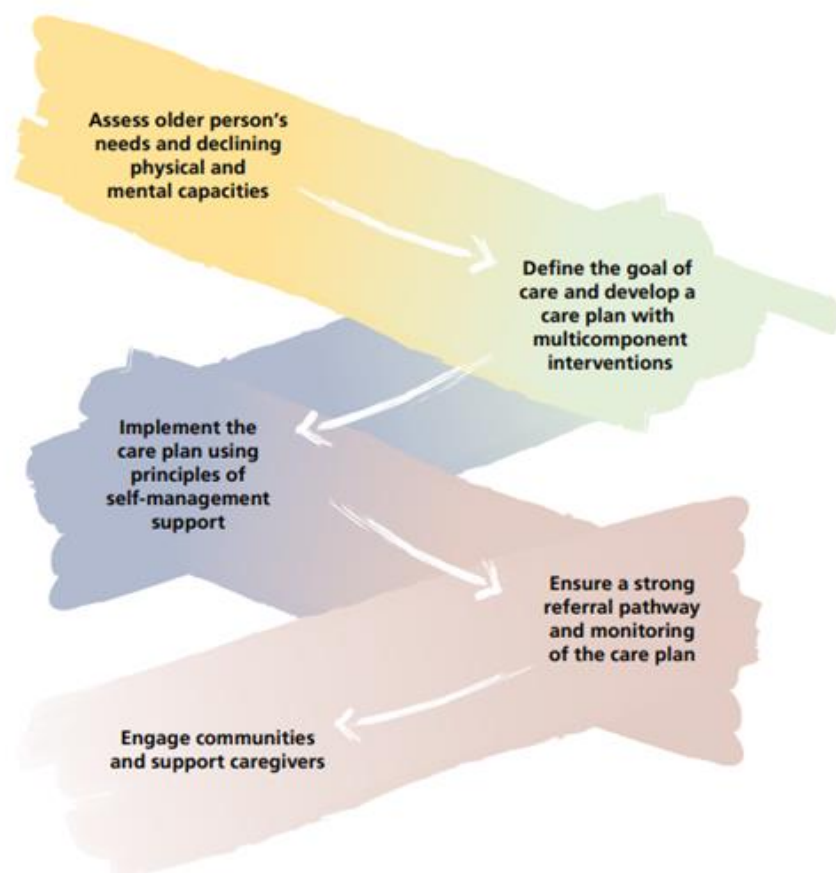
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步驟 5：社區參與和支援照顧者


- 照護工作可以是艱巨的，能力喪失者的照顧者經常感到孤立，並且處於心理困擾和抑鬱的高風險中。
- 個人化護理計劃應包括支援照顧者的循證干預措施。
- 照顧者還需要了解長者健康狀況的基本資訊，以及獲得培訓以發展一系列實用技能。
- 長者和照顧者應該獲得有關社區資源的資訊。



圖二：以綜合方式提供 ICOPE



(World Health Organization, 2017a)

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識別內在能力下降的長者的重要性

讓我們觀看以下動畫，了解如何透過 ICOPE 量度內在能力的六個關鍵範疇。


世界衛生組織建議的 ICOPE 優先行動

ICOPE 證據資源中心提供了用於制定 ICOPE 指南的證據簡介和建議，這些指南旨在管理長者內在能力減退的社區干預措施。這些證據簡介和建議是透過一系列系統評審中可用的最佳證據綜合而成，針對老年人社區護理。世界衛生組織召集了一個指南制定小組，通過共識訂出了這些建議，並得到了廣泛持份者的支持。

這些證據簡介圍繞 **ICOPE 的 6 個優先行動** 組織而成：

- 改善骨骼肌功能、活動能力和生命力
- 維持感官能力
- 預防嚴重認知障礙並促進心理健康
- 管理與年齡相關的狀況，例如尿失禁
- 預防跌倒
- 支援照顧者

(World Health Organization, 2017a)

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Recommendations for managing declines in intrinsic capacity in older people

Improve musculoskeletal function, mobility and vitality



- 1. Multimodal exercise, including progressive strength resistance training** and other exercise components (balance, flexibility and aerobic training) should be recommended for older people with declining physical capacity, measured by gait speed, grip strength and other physical performance measures
- 2. Oral supplemental nutrition with dietary advice** should be recommended for older people affected by undernutrition

Loss of muscle mass and strength, reduced flexibility, and problems with balance can all impair mobility. Nutritional status can also be affected negatively by physiological changes that can accompany ageing, in turn with an impact on vitality and mobility. Interventions that improve nutrition and encourage physical exercise, when integrated into care plans and delivered together, can slow, stop or reverse declines in intrinsic capacity.

Maintain sensory capacity



- Older people should receive **routine screening for visual impairment** in the primary care setting, and timely provision of comprehensive eye care
- 4. Screening followed by provision of hearing aids** should be offered to older people for timely identification and management of hearing loss

Ageing is often associated with loss of hearing and/or vision that limits mobility, social participation and engagement, and can increase the risk of falls. Sensory problems could easily be addressed by simple and affordable strategies such as the provision of corrective glasses and hearing aids, cataract surgery and environmental adaptations.

Prevent severe cognitive impairment and promote psychological well-being



- 5. Cognitive stimulation** can be offered to older people with cognitive impairment, with or without a formal diagnosis of dementia
- Older adults who are experiencing depressive symptoms can be offered **brief, structured psychological interventions**, in accordance with WHO mhGAP intervention guidelines delivered by health care professionals with a good understanding of mental health care for older adults

Cognitive impairment and psychological difficulties very often occur together. They impact on people's abilities to manage daily life activities such as finances and shopping and on their social functioning. Cognitive stimulation therapy, which is a programme of differently themed activities, and brief psychological interventions, are critical to preventing significant losses of mental capacity and preventing care-dependency in older age.

Manage age-associated conditions such as urinary incontinence



- 7. Prompted voiding** for the management of urinary incontinence can be offered for older people with cognitive impairment
- 8. Pelvic floor muscle training**, alone or combined with bladder control strategies and self-monitoring, should be recommended for older women with urinary incontinence (urge, stress or mixed)

Urinary incontinence – involuntary leakage of urine – affects about a third of older people worldwide. The psychosocial implications of incontinence include loss of self-esteem, restricted social and sexual activities, and depression. Pelvic floor muscle training strengthens the muscles supporting the urethra and augments its closure, and is effective in managing urge leakage.

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Prevent falls



- 9. Medication review and withdrawal** (of unnecessary or harmful medication) can be recommended for older people at risk of falls
- 10. Multimodal exercise** (balance, strength, flexibility and functional training) should be recommended for older people at risk of falls
- 11. Action on hazards** – following a specialist's assessment, home modifications to remove environmental hazards that could cause falls should be recommended for older people at risk of falls
- 12. Multifactorial interventions** integrating assessment with individually tailored interventions can be recommended to reduce the risk and incidence of falls among older people

Falls are the leading cause of hospitalization and injury-related death in older people. Falls are due to a combination of environmental factors (loose rugs, clutter, poor lighting, etc) and individual factors (organ-system abnormalities that affect postural control). Exercise, physical therapy, home-hazard assessments and adaptations, and withdrawal of psychotropic medications, where necessary, all reduce older people's risk of falls.

Support caregivers



- 13. Psychological intervention, training and support** should be offered to family members and other informal caregivers of care-dependent older people, particularly but not exclusively when the need for care is complex and extensive and/or there is significant caregiver strain

Caregivers of people with severe declines in intrinsic capacity are at a higher risk of experiencing psychological distress and depression themselves. Caregiving stress or burden has a profound impact on the physical, emotional and economic status of women and other unpaid caregivers. A needs assessment and access to psychosocial support and training should be offered to caregivers experiencing stress.

WHO defines **intrinsic capacity** as the composite of all the physical and mental capacities of an individual; and **functional ability** as the combination and interaction of intrinsic capacity with the environment a person inhabits.

(World Health Organization, 2017b)

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