

MOOC 16 Exploring Intrinsic Capacity

Chapter 2 Introduction to ICOPE and its Significance in Identifying Older Adults with Reduced Intrinsic Capacity

What is ICOPE?

- The Integrated Care for Older People (ICOPE) is a comprehensive framework developed by the World Health Organization (WHO) to address the diverse and complex needs of older adults.
- The primary objective of ICOPE is to promote healthy aging by maintaining and enhancing the intrinsic capacity of older individuals. As people age, various factors can affect their intrinsic capacity, leading to declines in their functional abilities.
- ICOPE reflects a continuum of care that will help to reorient health and social services towards a more person-centred and coordinated model of care.
- It provides a set of tools and guidelines for healthcare providers, caregivers, and communities to assess, monitor, and manage the intrinsic capacity of older adults effectively.



The ICOPE framework


The ICOPE framework represents a significant advancement in the approach to elder care by focusing on intrinsic capacity. It highlights the importance of *early identification, comprehensive assessment, personalized interventions, and integration with community resources* to promote healthy ageing. By adopting the ICOPE approach, healthcare providers and caregivers can significantly improve the quality of life for older adults, helping them to maintain their independence and well-being as they age.

There are **five key steps** to meeting older people's health and social care needs with an integrated care approach:

Step 1: Screen for declines in intrinsic capacity

- Identifying older adults at risk of declining intrinsic capacity.
- Health and social care workers can easily carry out this screening in the community.
- To do this, they can use the ICOPE screening tool which covers six relevant conditions across the domains of intrinsic capacity.
- Any limitation in capacity being identified will trigger further in-depth assessment in the next step.



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	Page	2

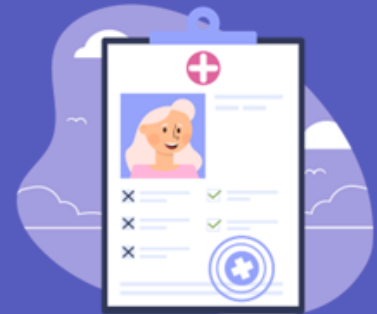
Step 2: Undertake a person-centred assessment in primary care

- Start with a thorough understanding of the person's life, values, priorities and preferences for the course of their health and its management.
- Conduct a more in-depth assessment for conditions associated with loss in intrinsic capacity.
- Assess and manage possible underlying chronic diseases and any polypharmacy. Polypharmacy and any resulting adverse effects can cause losses in multiple domains of intrinsic capacity and so always deserves investigation.
- Assess social and physical environments and need for social care and support.



Step 3: Develop a personalized care plan The personalized care plan will have a number of components, which may include:

- a package of multi-component interventions to manage losses in intrinsic capacity, e.g. interventions to improve nutrition and encourage physical exercise.
- the management and treatment of underlying diseases, multimorbidities and geriatric syndromes.
- support for self-care and self-management.
- the management of any advanced chronic conditions (palliative care, rehabilitation) or to ensure that older people can continue to live lives of meaning and dignity.
- social care and support, including environmental adaptations, to compensate for any functional losses.
- a plan to meet social care needs with the help of family members, friends and community services.



Step 4: Ensure a referral pathway and monitoring of the care plan with links to specialized geriatric care

- Regular and sustained follow-up, with integration among different levels and types of care service, is essential for the implementation of the recommended interventions.
- Regular follow-up also provides the opportunity to monitor progress towards the care plan as well as a means for arranging additional support when needed.
- Strong referral pathways are important to ensure rapid access to acute care in the case of unforeseen events such as falls, and to palliative and end-of-life care or after discharge from hospital.
- A link to specialized geriatric care is also critical. Healthcare systems need to ensure that people have timely access to specialty and acute care when needed.

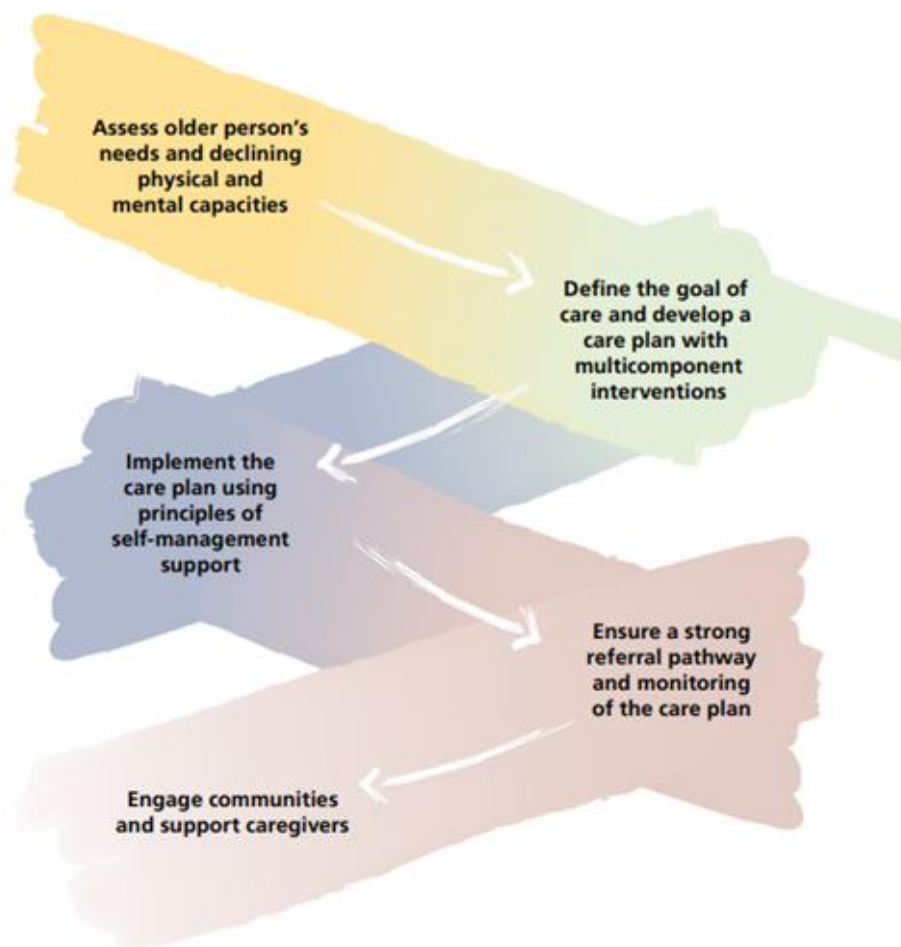


Step 5: Engage communities and support caregivers

- Caregiving can be demanding, and caregivers of people with loss of capacity often feel isolated and are at high risk of psychological distress and depression.
- A personalized care plan should include evidence-based interventions to support caregivers.
- Caregivers also need basic information about the older person's health conditions, and training to develop a range of practical skills.
- The older person and caregiver should receive information about the community-based resources available to them.




Fig. 2: Delivering ICOPE in an integrated way



(World Health Organization, 2017a)

Significance in Identifying Older Adults with Reduced Intrinsic Capacity

Let's watch the below animations to understand how to measure the six key domains of intrinsic capacity through ICOPE.

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	Page	5


ICOPE priority actions suggested by WHO

The ICOPE Evidence Resource Center provides the evidence profiles and recommendations used to develop the ICOPE Guidelines on community-level interventions to manage declines in intrinsic capacity in older people. These evidence profiles and recommendations were produced from a synthesis of a series of systematic reviews of the best available evidence for community-level care for older people. A guideline development group convened by WHO formed these recommendations by consensus, supported by input from a wide range of stakeholders.

The evidence profiles are organized around the **6 ICOPE priority actions**:

- Improve musculoskeletal function, mobility and vitality
- Maintain sensory capacity
- Prevent severe cognitive impairment and promote psychological well-being
- Manage age-associated conditions such as urinary incontinence
- Prevent falls
- Support caregivers

(World Health Organization, 2017a)

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	Page	6

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



3. 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

6. 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.

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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	Page	8

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	Page	9