

## HOW TO USE THIS INTERACTIVE PDF?



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# KEY CONCEPTS for TEACHING INTRINSIC CAPACITY



## WHAT?

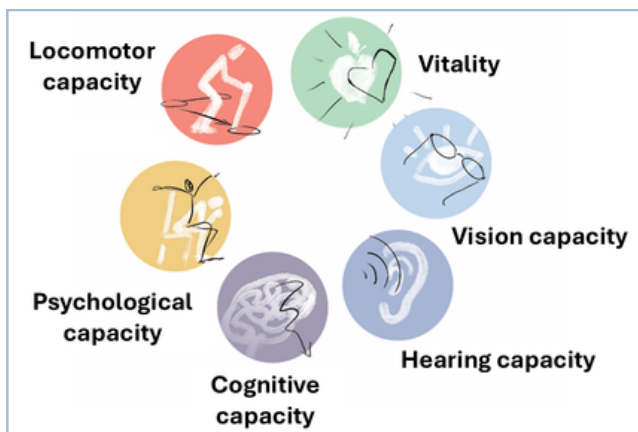


**Intrinsic capacity (IC)** is a component of the WHO framework on healthy ageing #.

It is **defined** as the composite of all physical and mental capacities that an individual can draw on #.

It is **determined by** ageing, disease and injury, lifestyle, behaviors and genetic inheritance # #.

IC comprises **six domains**:



The **domains interact with each other** and enable an older individual to maintain their functional ability #.

The domains that make up IC were selected based on the evidence that they most **strongly determine future dependency and disability** #.

## WHY?



The concept of IC was introduced by WHO in 2015. It is central to the **public health response** to the worldwide challenge of ageing populations #.

IC was designed as a **set of positive attributes**, rather than deficits, and is **distinguished from frailty** # #, which does not have a consensual operational definition and remains difficult to implement beyond geriatric care.

IC is important to individuals as it **predicts functional decline and mortality** # # #.

This is also important for societies, to consider planning of resources of health and social care in each country.

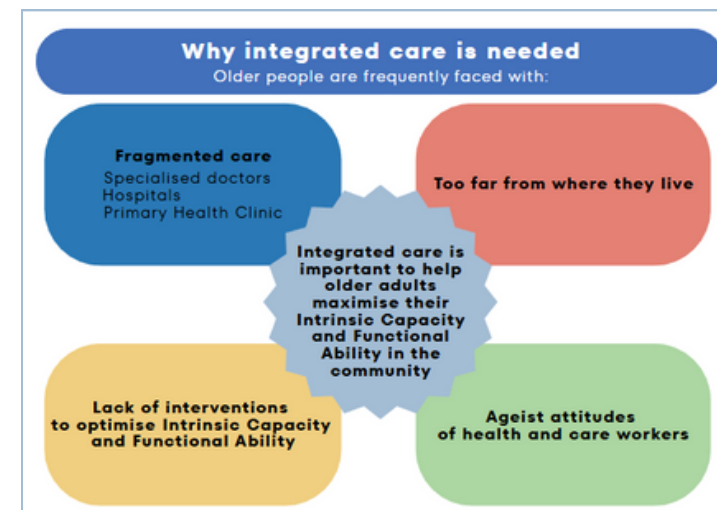
According to WHO, **every healthcare professional should be aware of IC** in order to prevent functional decline.

Therefore, it is crucial that medical students understand this concept.

## WHERE?

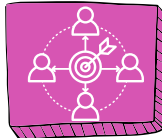


It is essential to maximize IC in the community **involving different health care providers** not only from hospitals and primary care, but also from long-term care services (including e.g. rehabilitation, palliative care, assisted living) and social care, covering both care in facilities as well as at home.



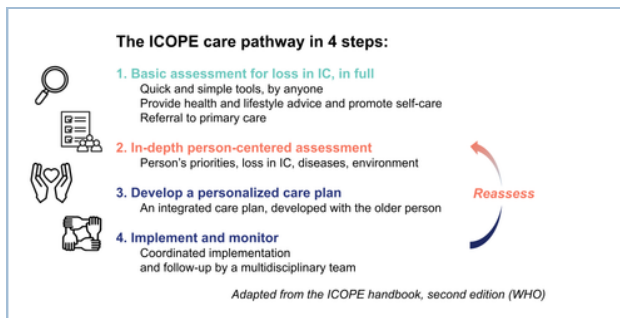
# KEY CONCEPTS for TEACHING INTRINSIC CAPACITY

## HOW?

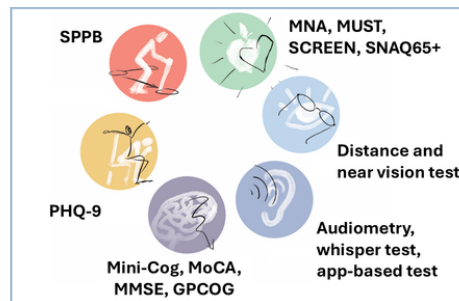


**Integrated Care for Older People (ICOPE)** is a way to optimise the IC trajectory by a **basic assessment** and for those whose assessment is positive, a more **in-depth assessment** and **personalized care plan** is needed #.

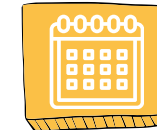
**Older people** should be included as **key decision-makers** in their **own care**, respecting their autonomy #.



**Several tools** are suggested by the WHO **to assess** the IC domains. However the choice of these instruments should not only rely on their **validity**, but also consider the **local context** as well as the **priorities** and **purpose** of the evaluation. These tools are able to be used by professionals that have **minimal knowledge** of geriatric medicine # #:



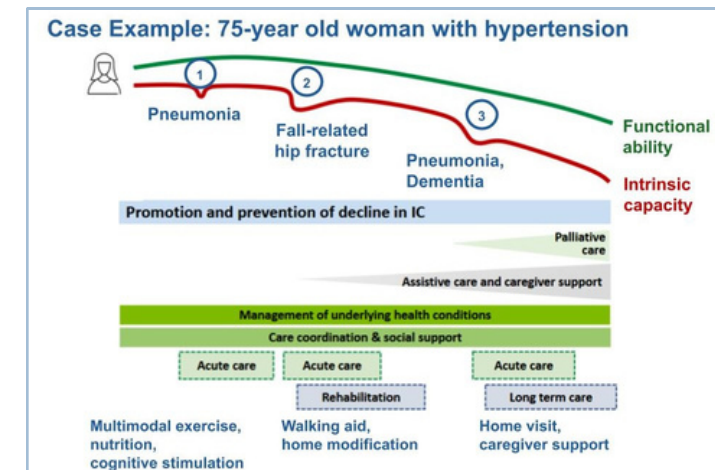
The intervention that is proposed to be effective for IC is **integration of care** based on multidisciplinary approach and **personalisation of care** according to the individual's needs and priorities # # #. This **includes the management of underlying conditions** or diseases as part of the decline or risk profile.



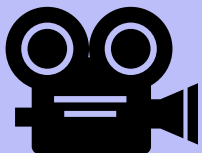
## WHEN?

It needs a **life course approach**, which implies preventive activities in early life can positively shape trajectories later in life # #. It also includes management of clinical conditions and diseases.

Developing a **continuum of integrated care** is needed, to ensure that the individual receives the services needed according to the health status of the individual.



## PLEASE WATCH THIS 2 MINUTE VIDEO AND THEN CONSIDER THE QUESTIONS:



Had you heard of intrinsic capacity before?  
Why do you think it has taken so long to gain popularity?  
Would you include any other domains that make up IC?  
How would you pick the screening tools to assess each domain?  
When would you start to screen patients and treat?  
Whose responsibility is healthy ageing?  
How would you design your service to improve an older person's IC?



## WE APPRECIATE FEEDBACK OR SUGGESTIONS



<https://forms.gle/kbyZmfmlL4fC69f1K8>

