IAGG-GARN
Global Aging Research Network

INTERNATIONAL ASSOCIATION OF GERONTOLOGY AND GERIATRICS
Global Aging Research Network (GARN)

Global Aging Research Network NEWSLETTER

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The Global Aging Research Network now counts 442 members. They received a certificate of membership confirming their status within the Network. Other candidates continue to send their application file with, to date, a total of 518 application forms currently under review.

If your centre is **not yet a member**, you can apply for candidacy and fill out the questionnaire on line at http://www.celsius-exhibition.com/iagg/. A Scientific Committee will make an in-depth study of your application file. The selection process is based on different criteria: organization and teams, major works, latest publications etc. When accepted your centre will receive a certificate of membership.

If you are already a **confirmed member** of the GARN, you will be invited to register online all the members of your team. An access code will be provided to each member of your centre and he/she will benefit directly from the services provided by the website.

Website

IAGG is happy to announce that a website fully dedicated to the GARN Network has been launched. You can visit this new tool at http://www.garn-network.org. It gives information to all those interested by our research network: membership, congress agenda, publications on line, E-Newsletter, latest news from GARN centers, job opportunities.

In the meantime, we are happy to forward the first GARN Newsletter …

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Implementing Frailty Into Clinical Practice: We Cannot Wait

J Nutr Health Aging, in press

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Geriatric medicine was implemented in many countries in the 1980s due to the discharge of many older adults with multiple pathologies, cognitive impairment and severe disabilities to emergency departments. In fact, at that time nobody was capable or wanted to care about these older adults with severe disabilities. For these reasons, most of the departments of geriatrics were created at that time. Most were based in sub-acute and long-term care to take care of these patients. Since then, geriatric medicine has grown in many countries and now there are acute care units, day hospitals, mobile teams and memory clinics worldwide. However, today in most of these centers geriatric physicians are dealing with patients with already severe disabilities at a stage which is often not reversible. Almost 95% of the geriatric force is involved in care for already dependent older adults. We need, of course, to continue to take care of these individuals with severe disabilities, but moreover, we need to take care of the pre-frail and frail older adults. It is an absolute necessity if we want to prevent rapid disability in our aging population, and if we want to anticipate it to promote more efficient care.

Pre-frail and frail older adults are those following the Fried criteria who have a sedentary life, an involuntary weight loss, low physical activity, exhaustion, low strength (1-7). If they have one of the Fried criteria, they are pre-frail; if they have 3 or more, they are frail (1). Frail older adults are more likely to become dependent, but today they are not really taken into consideration by our health care systems. We need, in collaboration with the family physicians, to take up this challenge. To do so, we need a targeted, strong and sustained intervention.

• **Targeting the pre-frail and frail older adults** To do this we need a simple tool to be used by family practitioner and other health professionals to screen those at risk of being frail. The IANA tool (a simple 5 questions) recently validated by Morley et al. is a good example (4). Another example is the tool used in the Gérontopôle Frailty Clinics (see in Appendix 1). It is useful to keep the subjective assessment of the physician if we want to keep him/her involved in the interventional process.

• **Important intervention** To have a real impact the intervention must be strong. To do this a complete geriatric assessment of the pre-frail and frail patients is necessary to be able to diagnose some age-related disease at a pro-dromal stage, where it is still possible to cure the patient: e.g., early stage of macular degeneration, glaucoma, hearing impairment, mild cognitive impairment, sarcopenia (8.9) or loss of mobility. It is also an opportunity to have this population benefit from new drug trials in pro-dromal Alzheimer's disease in an early stage of sarcopenia for example. The evaluation must use specific tools to do most accurate diagnosis of potential age-related diseases. This assessment must include also social, health, economic and psychosocial assessment, as well as the evaluation of the deficit accumulation (10).

• **A sustained intervention** Because the aging of this population will still increase, we need to have long-term and sustained intervention. Physical exercise, cognitive exercise, nutrition intervention, social services will be needed in association with the detection and treatment of age-related diseases. A recent study showed that even in older frail persons with hip fracture, a sustained resistance exercise program for one year can improve outcomes (11). More standardization of these multi-domain interventions is an important domain for further research. We need to find a compromise between very strong interventions which will be accepted by few frail older adults and too light interventions usually not strong enough to have a real impact.

• The IAGG (International Association of Gerontology and Geriatrics), (http://www.iagg.info/) and the GARN (IAGG's Global Aging Research Network) (http://garn-network.org/index.php) have already taken and will take further initiative in this domain. They have pointed out the need to concentrate on aging-in-place to prevent premature nursing home placement (12). We really need to implement pre-frail and frailty in usual geriatric care worldwide.

If we are able to recognize and treat frailty in our clinical practice, it will be a new area for geriatric medicine. At this time, we will be able to develop high level clinical research on biomarkers, imaging and new treatment approaches. Multi-domain or multimodal intervention will be most probably necessary. At the same time, some actions have to be implemented to prevent iatrogenic hospitalization if these frail older adults have to be hospitalized (13). This move of geriatric medicine in the pre-frail and frail will be cost effective and can give a new rebound for geriatrics (14).

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Two major events to promote research on Frailty and Sarcopenia

IANA/IAGG/GSA conference on July 12-13, 2012 in Albuquerque, USA

The International Academy of Nutrition and Aging (IANA) will take place on July 12th-13th, 2012 at the Hotel Albuquerque at Old Town, Albuquerque, New Mexico, USA. It will be dedicated to "Improving and Maintaining Functions with Aging". Physical and cognitive disabilities are the two most important age-related decline. Nutrition is a major factor for either sarcopenia or loss of muscle with age, and cognitive functions. The 2012 IANA meeting will focus on maintaining function with age: physical, cognitive, nutrition, brain and muscle function, prevention of frailty with advancing age. It is setup within the framework of symposia, oral communication sessions and poster sessions.

This research and practice symposium will be organized with the International Association of Gerontology and Geriatrics (IAGG), the International Academy on Nutrition and Aging (IANA), the Gerontological Society of America (GSA) and the University of New Mexico, School of Medicine. Researchers from around the world will present new findings in these important fields.

The four symposiums include presentations such as:
- Maintaining Function in Obese Older Adults by D. Gustafson (Sweden)
- Aging and the Decline of Muscle Quality by L. Ferrucci (USA)
- Maintaining Function, Nutrition and Body Composition by S. Studenski (USA)
- Maintaining Cognitive Function and Preventing Dementia, Lessons from the MAPT Trial by B. Vellas (France)
- What We Have Learned from the Fells Longitudinal Study by W.C Chumlea (USA)
- Which Nutrients Improve Cognition by J. Morley (USA)
- Additive Effects of Physical Exercise and Diet in Obese Older Adults by D. Villareal (USA)
- Acceptance of Older Adults into a Multi-domain Intervention by S. Andrieu (France)
- Role of Low Level Activity in Maintaining Function by T. Harris (USA)
- Principles of the Cellular Stress Response: Implications for Aging, Diseases and Therapies by P. Hooper (USA)

Oral communications sessions will treat:
Maintaining Physical Functions
Maintaining Cognitive Functions
Nutrition and Aging
Maintaining Functions with Aging

Contact: kbreckenridge@salud.unm.edu
To register: http://som.unm.edu/cme/2012/IANA.html

The partners involved:

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ICSR2012 Conference on Sarcopenia Research
December 6-7, 2012 in Orlando, USA

Under the auspices of IAGG's Global Aging Research Network (GARN), the Institute on Aging of the University of Florida will host the 2nd symposium on December 6-7, 2012 at its Lake Nona facility in Orlando, USA.

Sarcopenia is the age-related phenomenon characterized by loss of muscle mass and strength which may consequently determine loss of function. Since its origins in 1988, when Rosenberg during a meeting in Albuquerque (New Mexico, USA) pointed out the importance of focusing more research efforts to this major feature of the aging process, many steps forward have been done in the understanding of this condition.

Focus on:
- Biological aspects
- Animal models
- Preclinical studies
- Clinical trials
- Functional assessment
- Biomarkers & imaging
- New drug developments
- Physical exercises
- Nutrition intervention
- Epidemiology of sarcopenia

The preliminary program will include:
- Nutrition, anabolic agents and sarcopenia
- Modifiable risk factors for Sarcopenia and mobility disability, which could be targeted in multicomponent intervention trials
- The role of sarcopenia on muscle performance: muscle quantity vs. muscle quality
- Frailty and mobility decline
- Methodological issues of Sarcopenia trials
- Definition of sarcopenia in clinical trials
- Frailty and muscle metabolism dysregulation in the elderly.

More information on http://www.icsr-sarcopenia.com

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