



Longitudinal Urban Cohort Ageing Study

Funding: Bundesministerium für Bildung und Forschung (BMBF)
(Federal Ministry of Education and Research)

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Albertinen-Haus Hamburg (01ET0708)

Summary of the first funding period 01 October 2007 – 31 December 2010

Subproject 3: Mobile Metropolitans (FIT)

Background: There were few data and knowledge on determinants of health like mobility and independence in community-dwelling, elderly citizens.

Aims: To understand and describe health in old age (phenotype and function) and to develop preventive interventions to maintain health, quality-of-life and independence (despite co-morbidity) during life-course. Mobility is a key-component to plan and conduct activities independently and to use a wide (geographic) activity space without fear-of-falling or disorders of gait.

Methods: Two samples of older participants of the original longitudinal cohort (LUCAS) were selected by random and recruited for further examination in a self-referral setting: 102 persons without any functional restriction (FIT) and 65 persons with first signs of functional decline (PRE-FRAIL). Therefore, an extended-gerontological-geriatric assessment (egga) was developed and conducted by an interdisciplinary geriatric core team including preventative recommendations (intervention). A data base was established to deduct reference values of health in old age in some key domains like mobility, cognition, nutrition, activity and gait as well as medication and morbidity.

Results: The majority of the longitudinal cohort keeps health and independence on a high functional level even 7 years after first recruitment. But in some participants disorders of gait and restriction of mobility indicated early onset of disease or frailty may be induced by dementia or other latent disease.

Conclusion: To improve medical care in early stages of functional decline, a geriatric mobility-centre will be tested and implemented to close the gap between the sectors of primary and secondary care. In a self-referral structure, prefrail older patients with early signs of disorders of gait or restriction of mobility will get medical diagnostic and a therapyplan in cooperation with their general practitioners.



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Albertinen-Haus Hamburg (01ET1002A)

Summary of the second funding period 01 January 2011 – 31 December 2013

Subproject 3:

Geriatric Mobility Centre (MobiC): specialised medical attention for prefrail elderly people - from RCT to practice

1. Scientific Background: Persons aged 60 years or older may enter frailty cascade without clinical signs leading into functional decline and medical complications. In Germany a valide pathway of screening, diagnosis and further therapy was missing.

2. Goal: Subproject 3 (LUCASII) was dedicated to conduct a RCT to evaluate an outpatient Mobility-Centre led by a geriatrician (MobiC) to identify underlying causes of prefrailty and frailty in their earliest stages.

3. Methods: Target Groups of intervention, materials, personal resources, medical procedures as well as acceptance of patients and GPs were described. The trial reveals feasibility, usefulness and effectiveness of an outpatient Mobility-Centre (MobiC).

4. Results: There is a high chance to recognize prefrailty just by screening with a short self-filling questionnaire (see Subproject 1). Nearly 60% of prefrail subjects gave consent to further exam. In most cases a hidden disease (impact disease) or other medical problems were identified. Leading causes of prefrailty (40%) were psychiatric disease. GPs and patients benefit from recommendations of a geriatric perspective. Prefrail patients (preclinical state) could transfer health-promoting tips into daily-life and improved mobility and quality of life during 6 months of observation; but frail patients did not (frailty-syndrome was fully developed). May be, frail persons need inpatient geriatric care (multimodal therapy) because damage of metabolism and resources is already obvious.

5. Conclusion: Identification and diagnosis of Frailty should happen as early as possible (new prefrail). The heterogeneity of underlying causes enforce an extended gerontological-geriatric assessment (EGGA) incl. gait analyses in an geriatrician led outpatient centre (in Germany legal regulation by §118a SGBV).