ICOPE

INTEGRATED CARE FOR OLDER PEOPLE

Vitality

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Introduction to the guide

This Facilitator Guide is part of the material developed to support training programmes on the WHO Integrated Care for Older People (ICOPE) approach. This guide serves as a roadmap for trainers and facilitators, helping them navigate through the session on vitality, while ensuring that key topics are covered and participants are engaged. It includes tips, potential challenges, and suggested ways to handle different situations that may arise during the session.

Session structure

This Facilitator Guide is organized around four core facilitation actions that you will use throughout the session. These actions are represented by icons and indicate how you should guide participants through the content.

You will see these actions repeated across all slides and modules, providing a consistent structure for facilitation.

Show: The slides

This indicates the slide you should present from the slide deck. When you see the Show, display the corresponding slide to participants.

Say: What you explain

This provides a suggested narrative outline for you to explain the slide content. The text is intended as guidance rather than a fixed script. You may adapt the wording to suit your facilitation style, experience and the needs of your participants, while keeping the key messages intact.

Ask: Questions to prompt dialogue

This prompts you to ask questions and encourage dialogue with and among participants.

The discussion associated with these questions should generally take 2 to 5 minutes. However, you should use your best judgment to decide how much time to dedicate to such interactions, considering factors such as participant engagement, availability of time, and/or relevance of the topic.

Do: Actions to facilitate learning

This prompts you to carry out an action, such as guiding an activity, managing group interaction or providing instructions to participants.

Keep in mind that this Facilitator Guide is only a roadmap. You are expected to apply your voice and experience to make this tool work for you. As explained, the 'Say' sections are simply indications; you can use them as a script when you feel the need to, but you can and

should adapt them to suit your natural training style. Add your personal touch and personality to every training, while being careful to stick to the session objectives.

A key component of successful face-to-face training is establishing trust and rapport with your learners. Use your good judgement to assess the attitude and cultural sensitivities of the people in your workshop. Adapt your training techniques and approach accordingly.

You are going to be great at conducting this training.

Vitality

Do:

- *Formal welcome*
- *Introduction of the facilitator*

Show: Slide 1

Say:

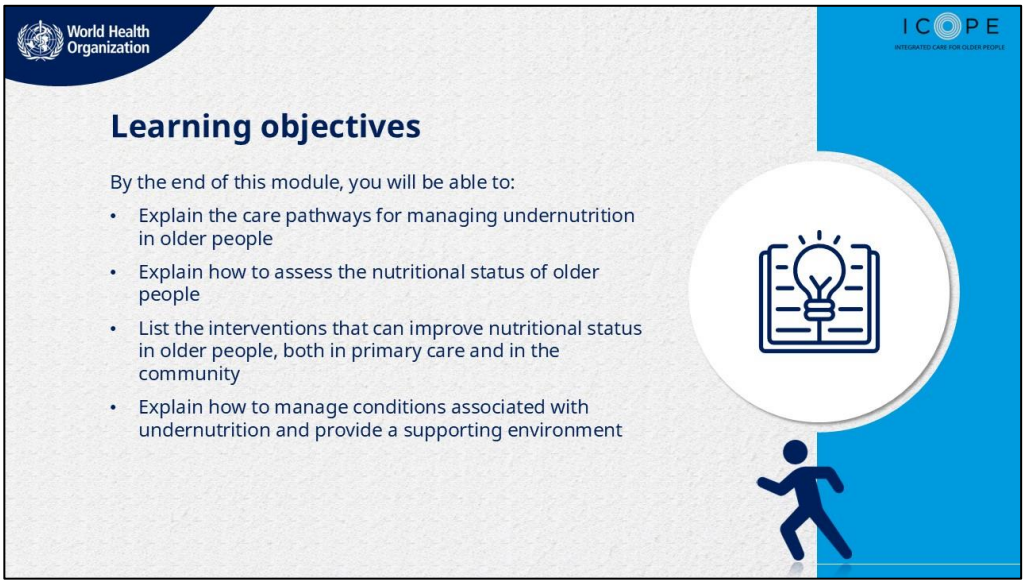
Welcome to the 'Vitality' module. Today, we will explore what vitality means and how it relates to our health, especially as we age.

Together, we will explore practical approaches and evidence-based practices to enhance the nutritional health, one of the key manifestations of vitality, of older people. This session will take about 15 minutes.

Let us get started.

Learning objectives

Show: Slide 2



Say:

Let us take a look at our learning objectives for this module. By the end of our session, you will be able to:

1. Explain the care pathways to manage undernutrition in older people.
2. Identify and apply tools to assess the nutritional status of older people.
3. Describe interventions to improve nutritional status in primary care and in community settings.
4. Manage conditions associated with undernutrition and provide a supporting environment.

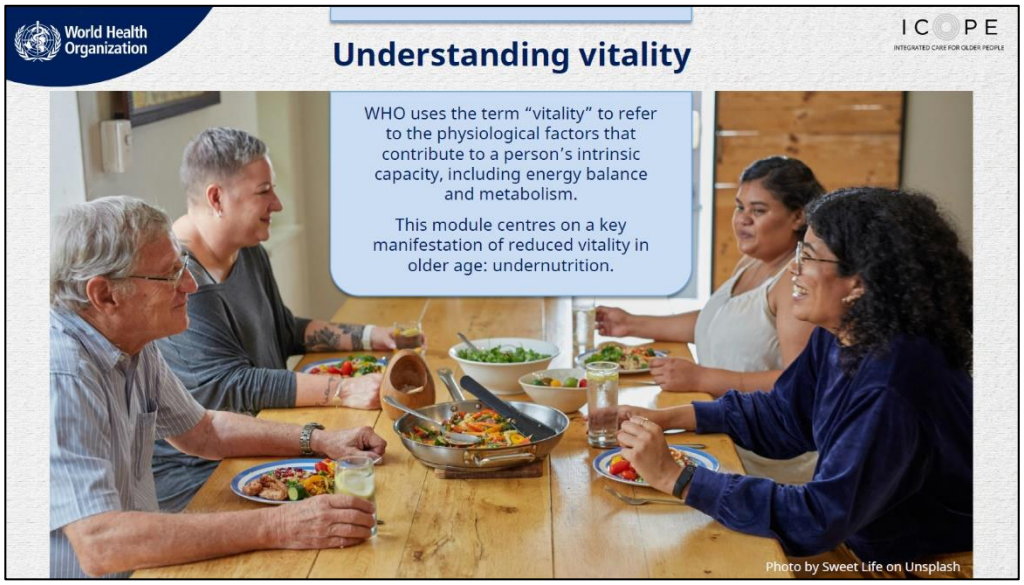
These objectives will guide our learning and ensure that you gain the knowledge and skills needed to address malnutrition and enhance vitality in older individuals. More details can be found in Chapter 7 of the ICOPE handbook.

Ask:

What comes to mind when you hear the word 'vitality'?

Understanding vitality

Show: Slide 3



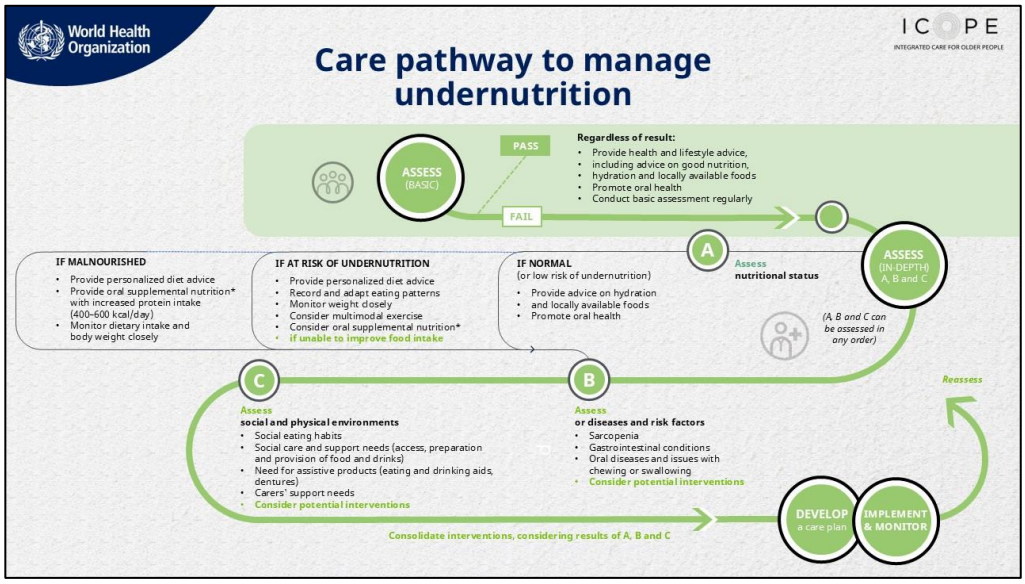
Say:

According to the World Health Organization, 'vitality' refers to the physiological determinants of intrinsic capacity. In the clinical setting, vitality can be represented by the metabolic capacity, that is, the capacity to balance energy intake and output, which is essential for maintaining overall health.

In this module, we will focus on one significant aspect of decreased vitality in older people and critical risk factor for adverse health outcomes: undernutrition. We will explore how it affects their health and what we can do to manage it effectively.

Care pathways to manage undernutrition

Show: Slide 4



Say:

Let us briefly discuss the specific care pathway to manage undernutrition in older people.

If the person presents unintentional weight loss and/or loss of appetite at the ICOPE basic assessment, an in-depth assessment and referral to primary care for further evaluation must be considered.

As a first step in the in-depth assessment, it is necessary to evaluate:

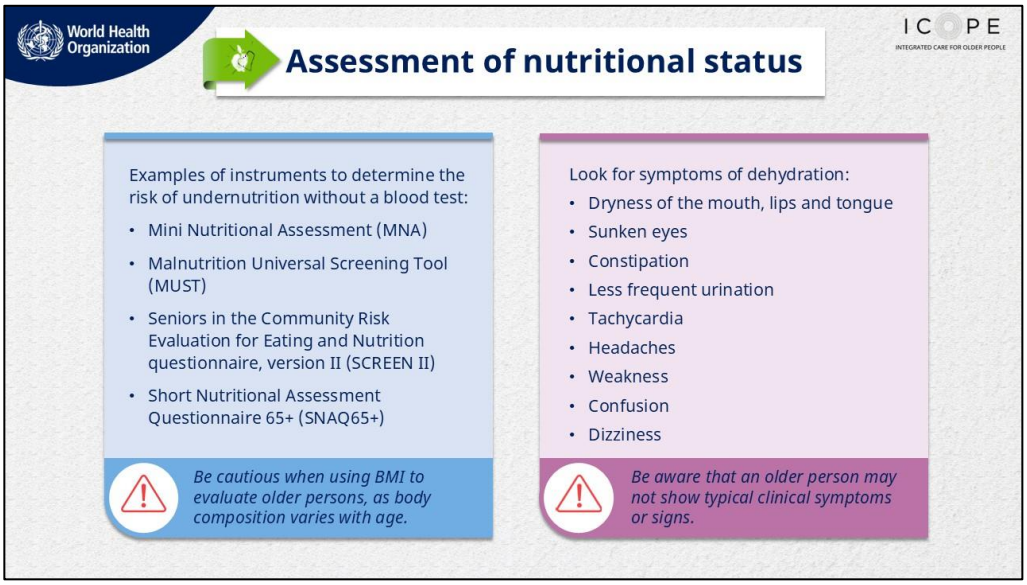
A. Nutritional status. All individuals should receive advice on nutrition, hydration and oral care.
   If the person is found to be malnourished, they should receive personalized dietary advice, including oral nutritional supplements providing an additional 400–600 kcal/day, and their dietary intake and weight should be monitored regularly.
   If the person is at risk of undernutrition, the focus should be on tailored diet and lifestyle guidance, exercise support and close weight monitoring.
   For those unable to consume sufficient food, individualized exercise programs may be considered to help maintain muscle mass and function.
   If the person is not undernourished, the goal is to keep their status through continued advice on hydration, oral health and nutritional awareness.
B. Diseases and risk factors. This includes screening for conditions commonly associated with malnutrition, such as sarcopenia, gastrointestinal disorders and oral health issues (e.g., sore gums or decaying teeth).

C. Social and physical environment. This involves evaluating factors such as difficulties accessing food, economic constraints, the availability of social support, and physical limitations that may impact the individual's eating and drinking.

After this information is collected, it will be possible to use and integrate findings into the design of a coordinated, individualized care plan. This will be discussed and implemented with multidisciplinary support and clear plans for monitoring and re-evaluation over time.

Assessment of nutritional status

Show: Slide 5



Say:

Several validated screening tools can be used to assess the risk of undernutrition without the need for blood tests. These include the Mini Nutritional Assessment (MNA), the Malnutrition Universal Screening Tool (MUST), the SCREEN II questionnaire and the Short Nutritional Assessment Questionnaire for older people aged 65 and over (SNAQ65+). Each of these tools is designed to be practical and accessible in community and primary care settings.

A key point to keep in mind is that we should not rely solely on Body Mass Index (BMI) when evaluating older people. As people age, body composition changes (i.e., muscle mass decreases while fat mass remains stable or increases). Therefore, BMI may not accurately reflect the underlying body composition and nutritional status.

It is also important to recognize signs of dehydration, which can be subtle or atypical in older individuals. Common symptoms include dry mouth, sunken eyes, constipation, reduced urination, rapid heartbeat (tachycardia), headaches, weakness, confusion and dizziness.

The slide also warns that older people may not always present with classic symptoms. Hence, a high index of suspicion is necessary, especially in those with cognitive impairment or limited communication ability.

Health and lifestyle advice

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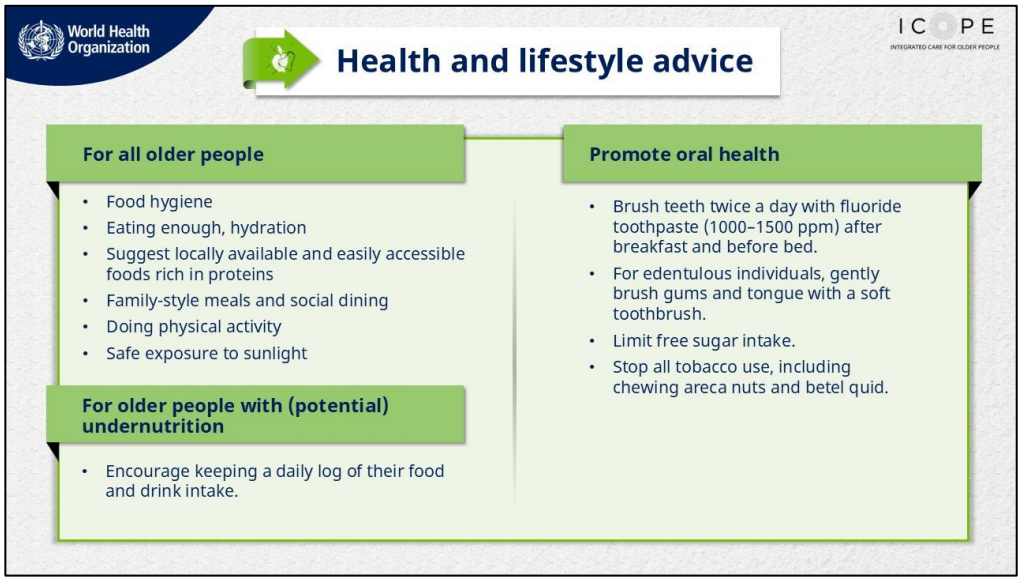

Say:

This slide provides practical, everyday guidance to support healthy ageing through specific actions on nutrition. It includes general advice for all older people, as well as specific recommendations for those who may be at risk of undernutrition.

For all older people, it is crucial to focus on food hygiene and adequate nutrition to meet daily energy needs. Maintaining hydration is essential, with an intake of 1.6 to 2 litres (6 to 8 cups) per day. Family-style meals and social dining can improve appetite and reduce isolation. Regular physical activity is encouraged for mobility, strength and digestion. Safe sun exposure supports vitamin D production, which is vital for bone and muscle health.

Oral health is closely tied to overall well-being and advice should be provided to all older people. Recommendations include brushing teeth twice daily with fluoride toothpaste and maintaining proper denture hygiene. Limiting free sugar intake and avoiding tobacco products is essential to prevent dental issues and support general health.

For those undernourished or at risk of undernutrition, it is important to provide clear dietary recommendations and encourage daily food and drink logs to monitor intake and nutritional status.

Community-based health care

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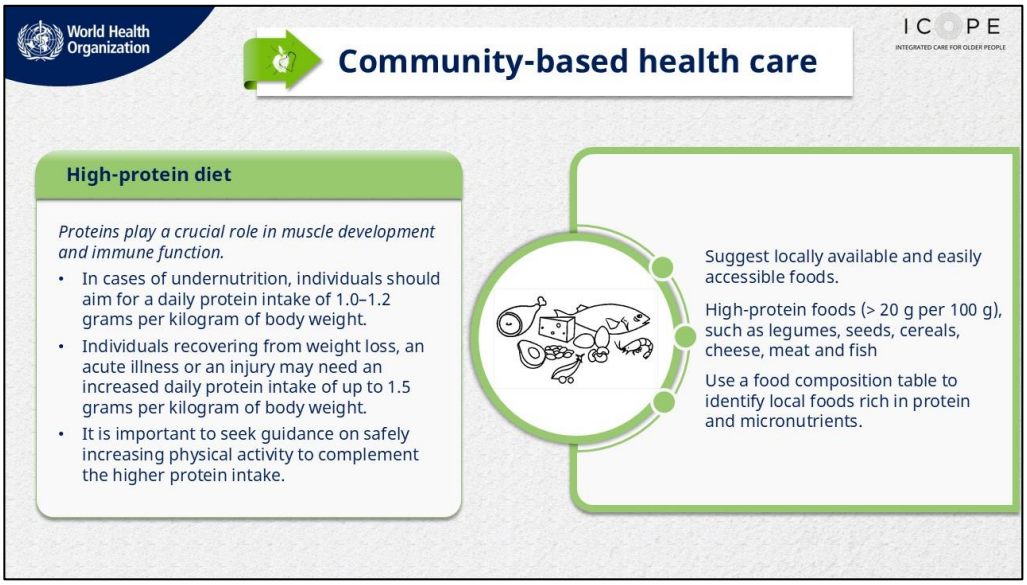

Say:

Next, let us understand what interventions can be directly provided in the community.

Proteins are essential for maintaining muscle mass and supporting immune function. For older persons who are experiencing undernutrition, the recommended daily protein intake is between 1.0 and 1.2 grams per kilogram of body weight. In cases of acute illness, injury or significant weight loss, this requirement may increase to as much as 1.5 grams per kilogram.

The importance of combining increased protein intake with physical activity is also emphasized, as this helps preserve or restore muscle health. Health and care workers should guide individuals on how to gradually and safely increase their activity levels in accordance with their nutritional status and physical capacity.

To make these recommendations practical and sustainable, it is crucial to promote the use of locally available, affordable and culturally acceptable high-protein foods (containing more than 20 grams of protein per 100 grams). Examples of such foods include legumes, seeds, cereals, cheese, meat and fish. Health workers are encouraged to utilize a local food composition table to identify foods that are rich in both protein and essential micronutrients, ensuring that dietary advice is nutritionally sound and contextually relevant.

Interventions to manage undernutrition

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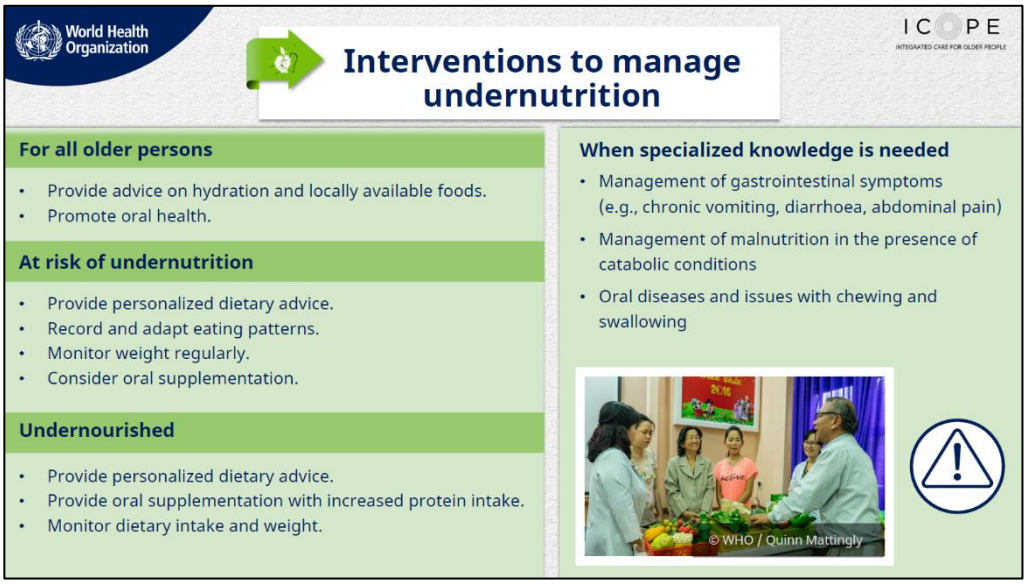

Say:

Next, let us understand how to manage undernutrition and when specialized knowledge is required.

For all older persons with normal nutritional status, the focus is on prevention. This involves providing advice on hydration and encouraging the consumption of locally available, nutrient-rich foods. Maintaining oral health is also emphasized, as it plays a critical role in ensuring adequate food intake and enjoyment of meals.

For those at risk of undernutrition, the approach becomes more proactive. Health workers should offer personalized dietary advice, assist individuals in tracking and adapting their eating patterns, and regularly monitor weight to detect early signs of decline. In some cases, oral nutritional supplements may be recommended to help meet energy and protein needs.

When a person is identified as undernourished, the response must be more intensive. This includes creating individualized dietary plans, offering oral supplementation with increased protein intake, and closely monitoring both dietary intake and body weight to assess progress and adjust the care plan, as necessary.

Specialized care may be needed to identify and address conditions that contribute to undernutrition, such as unexplained weight loss, oral pain, swallowing difficulties, chronic vomiting or diarrhoea and abdominal pain, which can occur even in individuals who otherwise appear healthy.

Additional interventions to improve nutritional status

Show: Slide 9

Say:

Again, it is also essential to emphasize the importance of adequate fluid intake. Encourage the older person to monitor their daily fluid consumption. Set a hydration goal of 1.6–2 litres per day for them and recommend keeping fluids easily accessible throughout the day.

Multimodal exercise should also be promoted.

In case of obesity (i.e., altered vitality capacity), promote regular weight monitoring, offer counselling on healthy eating and lifestyle habits (including physical exercise) and stress the importance of monitoring cardiovascular and metabolic health indicators.

Interventions for diseases and risk factors

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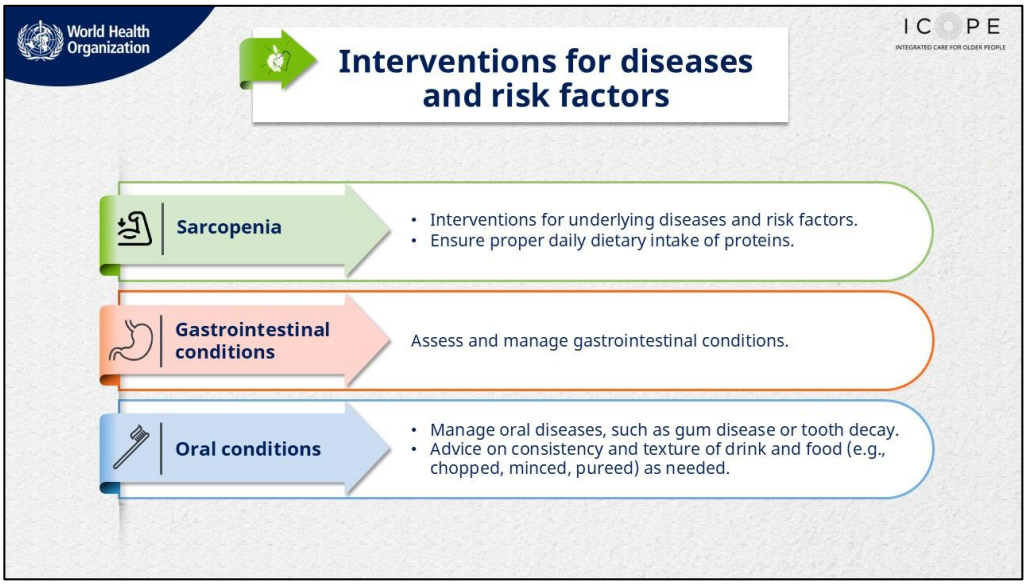

Say:

This slide introduces a set of targeted interventions designed to address specific health conditions that can significantly impact an individual's vitality and overall well-being.

Sarcopenia is a condition characterized by the progressive loss of muscle mass and strength, often associated with ageing. Physical therapy, resistance training, or tailored exercise programs aimed at improving muscle function and maintaining independence can be considered to counteracting this process.

Consider intervening on eventual gastrointestinal conditions.

Finally, the slide highlights oral conditions, which are often overlooked but can have a profound effect on nutrition. The interventions here are twofold: managing oral diseases (such as gum disease or tooth decay) and providing advice on food and drink consistency. For individuals with chewing or swallowing difficulties, modifying the texture of meals (e.g., offering chopped, minced or pureed foods as needed) can make eating safer and more comfortable.

Interventions for the social and physical environment

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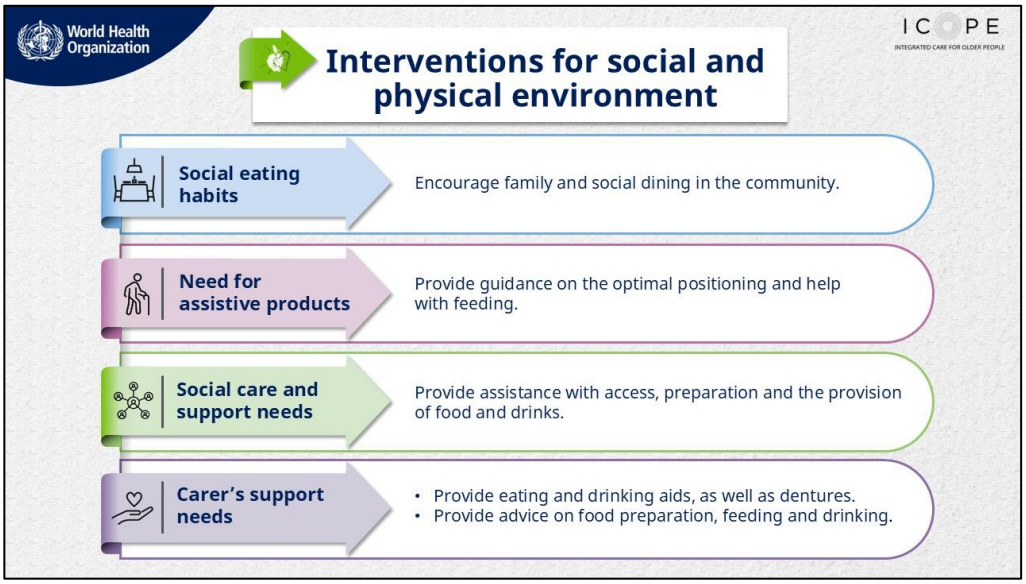

Say:

Let us explore ways to address social and physical barriers that impact an individual's ability to maintain proper nutrition and hydration.

Social eating habits play a crucial role. Meals are not just for sustenance but are also social occasions. Family meals and community dining can reduce isolation and enhance appetite, encouraging better nutrition.

Assistive products are also important for those with mobility or dexterity challenges. Tools like adaptive utensils and supportive seating can improve the dining experience, while guidance on positioning and feeding assistance ensures safety and comfort.

Some individuals may need support with accessing, preparing and serving food. Community services, carers and family members are vital in promoting consistent, nutritious intake.

Lastly, supporting carers is essential for long-term care. Providing aids for to facilitate the individual's eating and drinking, along with practical advice on food preparation, empowers carers to offer better care while managing their own stress.

Summary

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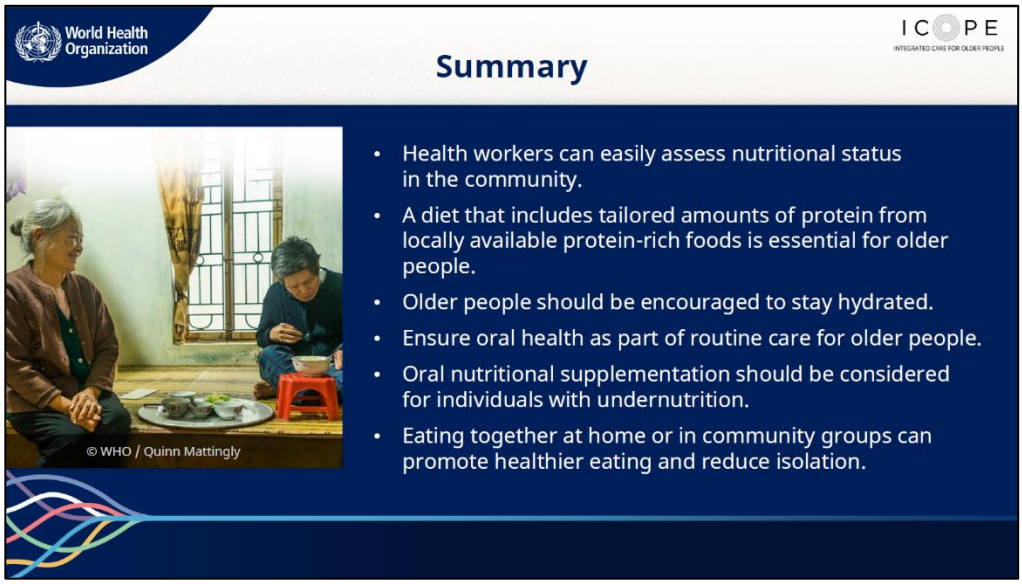

Do:

Go through the slides and recap the points discussed during the session.

Say:

To summarize this session, we have focused on the importance of nutrition and hydration in maintaining the health and functional ability of older people.

We discussed how health workers can easily assess nutritional status in the community and identify individuals at risk of undernutrition. We emphasized that a balanced diet, including adequate and tailored amounts of protein from locally available protein-rich foods, is essential for older people, alongside encouragement to maintain good hydration. We also highlighted the importance of oral health as a routine part of care, as it directly affects eating and nutrition. For individuals with undernutrition, we discussed when oral nutritional supplementation should be considered.

Finally, we recognized the social dimension of nutrition, noting that eating together at home or in community settings can promote healthier eating habits and reduce social isolation among older people.

References

Show: Slide 13

Say:

Here are some useful links and citations for your reference. Thank you for your time and participation.