

Abstract #3 – WHO-COPE (Care for Older PEople) Programme for prevention and management of dependency among frail older people in low and middle income countries

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**Background:** There is widespread recognition that community health services do not meet the needs of older people, and that services for frail dependent older people are particularly limited. The focus on acute 'treatable' conditions, the lack of outreach and continuing care excludes many older people from receiving appropriate assistance. A paradigm shift has been called for towards chronic disease management, long term support and care. Packages of care for individual chronic diseases (e.g. dementia, stroke, heart disease, arthritis) are likely to be difficult to implement, and inefficient given the multiple co morbidities that afflict this vulnerable group of older people. Community interventions for frail dependent older people can instead be structured horizontally, targeting relevant impairments that are common across many underlying chronic diseases – e.g. immobility, undernutrition, confusion, depression, incontinence, falls, blindness and deafness – and providing appropriate advice and support to carers.

**Aim:** 1. To develop evidence based intervention guide for the assessment, management and support of frail, dependent older people in non-specialized health care settings. 2. To carry out initial pilot study in India.

**Method:** An initial feasibility study was carried out in Goa, India. This work involved, a) training the existing community health in assessment and delivery of evidence based intervention, b) evaluating feasibility, fidelity, acceptability and efficacy interventions (pre and post evaluation) administered by community health workers for frail and/or dependent older people with following impairments: nutrition, mobility, cognition, behavioral, vision, hearing, urinary incontinence, risk of falls.

**Results:** This initial investigation provided promising evidence for integration of WHO-COPE programme in low resourced health care settings. Feasibility study on testing each individual intervention component (mainly nutrition and physical exercise) is currently underway. The results will be presented at the conference.

**Conclusion:** This new publication will provide evidence-based guidelines for non-specialist health workers to provide simple home-based interventions for frail, dependent older people, and advice and support to their family carers. The initial feasibility study suggests potentials for integrating the WHO-COPE programme in low resourced primary health care settings in India. However, further investigation in other low and middle income countries is required before scaling up the WHO-COPE programme.

