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How ICT can describes frailty

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Frailty is usually known as “geriatric condition” that seems to be clearly defined in the academic context; the limit of this definition appears to be its tendency to simplify a such complex concept with that of multimorbidity. The definition becomes much more complex when we consider the concept of frailty also through other health determinants, such as environment and socio-economic conditions. We compared some experiences of collecting data for frailty evaluation, using different tools (ICT) and observational points. We examined five different systems, interviewing key informants, asking them to describe the strength and weakness of their system. Veneto region has adopted a system that collects clinical information by hospitals and pharmacies (hospital admissions, access to ER, use of drugs); through a complex algorithm it tries to estimate the risk of population frailty. Trentino region has used a similar algorithm, less accurate in weighing the clinical elements, but more advanced in order to collect social information (place of residence, use of social services, use of medical aid ...) Puglia region has invested in a ICT evaluating clinical data which are inserted and weighed from a territorial nurse. Friuli has tested a similar ICT system, in which the 'data entry' is implemented by the General Practitioners, who is supposed to enter both clinical and social information. Scotland is experimenting a data collection system which expect the patients submit directly the health information, so that they can focus on their own priorities and needs. The ICT merges this information with the clinical diagnosis. Our study shows the lack of an univocal definition of frailty; therefore it is necessary to conceive a research project which, starting from what was observed in this preliminary study, allows to build and validate a new multivariable schema, in order to share an efficient frailty definition.