Dear Colleague,

We are happy to update you with the most recent actions setup by the IAGG GARN Network. It highlights IAGG’s interest in older people’s health and the need to promote research in many geriatric fields. Sarcopenia is key geriatric syndrome that can easily be identified. With the assistance of appropriate specialists and with a few tools, frailty prevention should be made available in all health facilities around the world. We hope that these actions will raise awareness and help you implement frailty into clinical practice in your country.

1. Article review on Sarcopenia

*Prevalence of Reduced Muscle Strength in Older U.S. Adults: United States, 2011–2012*

Recently, the American NCHS published national estimates of muscle strength in older adults in the United States in 2011-2012, based on maximum hand grip strength. Weak muscle strength is clinically relevant, because of its associations with mobility impairment. The report shows that 5% of adults aged 60 and over had weak muscle strength, 13% had intermediate muscle strength, while 82% had normal muscle strength. The prevalence of reduced (weak and intermediate) muscle strength increased with age, while the prevalence of normal strength decreased with age. Muscle strength status did not differ by sex, except among persons aged 80 and over, where women had a higher prevalence of weak muscle strength than men. Non-Hispanic Asian and Hispanic persons had a higher prevalence of reduced muscle strength than non-Hispanic white persons.

Authors: Looker, AC & Wang, C-Y
Published: NCHS Data Brief, No. 179, January 2015
2. Interview on Frailty research - Leocadio RODRIGUEZ MANAS, MD, PhD

Leocadio RODRIGUEZ-MANAS, MD, PhD, is the Head of the Department of Geriatrics at Hospital Universitario de Getafe (Madrid), Professor of Geriatric Medicine (School of Medicine, Universidad Europea de Madrid) and Senior Research Fellow at the Institute of Diabetes in Older People at University of Bedfordshire. He is Co-ordinator of the Spanish Collaborative Research Network on Aging and Frailty-RETICEF (Ministry of Science and Innovation), and Co-director of the Toledo Study on Healthy Ageing that is being carried out on near 3,000 community-dwelling elder people. He is Leader of the subgroup on Frailty of the A3 Group (Frailty and Functional Decline) of European Innovation Partnership on Active Healthy Aging (EIP-AHA). Principal Investigator in research projects both public agency- and industry-sponsored, including four EU 7th Framework Program funded projects focused on the field of frailty in elderly people: 1. FOD-CC, aimed to find a clinical definition of frailty; 2. MID-FRAIL, aimed to test the efficacy of a multimodal intervention in prefrail/frail older patients with type 2 diabetes in preventing incident disability; 3. FRAILOMIC, to know the usefulness of "omics" in the diagnostic and prognosis of frailty and 4. FRAILCLINIC, to assess the effectiveness of a program to detect and intervene on frail older patients attended in other settings different from Geriatric Services. This year we are also implementing FRAILTOOLS, to assess the performance of classical frailty instruments in geriatric settings and in Primary Care.

2.1. Could you tell us about the new research grants that you got on frailty over the past year? During the last year we continue running two EU funded projects (MID-FRAIL and FRAILOMIC) and, in addition, we got another project called FRAILCLINIC. The main purpose of this new project, funded by DGSANCO, is to assess the feasibility of the most usual instruments to diagnose frailty in clinical settings not attended by geriatricians or geriatric facilities: Emergency Rooms, Surgery, Cardiology and Oncology. In a second step, we will also assess the effectiveness of a geriatric consultation team in the management of frail older adults attended in these settings. More recently the project FRAILTOOLS has been also selected for funding (see later) by DGSANCO.

We are also participating in two other projects using ICTs in the last H2020 call: ACANTO, that will assess the effectiveness of an "intelligent" walker and DECI aiming to evaluate the effectiveness of interventions based on "games" to improve the performance of patients with MCI.

Finally, we are also participating in the VIVIFY project, funded by the ERASMUS program. Its purpose is to expand and teach exercise programs to professionals, patients and carers in various settings (from Acute Care Units to outpatients living at home) with different level of functional impairment.

2.2. Can you give us information on the grant obtained recently on frail tools?

This year we have been awarded a new project on frailty: FRAILTOOLS. Following our efforts to better characterize the instruments used to assess frailty, in this project we will study the performance of usual diagnostic tools in different geriatric settings and in Primary care. The final purpose is to select the best fitted instrument for each level of care and, if possible, to build a set of instruments to be used in settings for every patient.
Our group has been working since a decade in increasing the knowledge about frailty (from basic science to clinical and epidemiological issues) and its relationships with some diseases and chronic conditions (diabetes, cardiovascular disease and falls mainly). In this effort, we have had the opportunity to collaborate with some of the more outstanding European geriatricians (Prof Alan Sinclair, Prof Bruno Vellas, Prof Roberto Bernabei, Prof Toni Bayer, Prof Giuseppe Paolisso, Prof JP Michele...) and outside Europe (Dr. S Chatterji, Dr. John Beard, Dr Araujo, Prof. Howard Bergman, Dr. Luigi Ferrucci, Prof Gustavo Duque, all the group of professors of the Academia Latinoamericana de Medicina del Adulto Mayor, etc). In addition, several organizations (from WHO to IAGG) have collaborated in many of these initiatives. Thus, the contributions made by our group is the final outcome of a shared effort of many colleagues, that have made possible these steps forward to disentangle the complex issue of frailty, contributing to provide the best attention to older adults.

To have the list of IAGG-GARN centers that work on frailty and Sarcopenia, you can visit the IAGG-GARN website at http://www.garn-network.org

3. The International Conference on Frailty and Sarcopenia Research (ICFSR2015) will take place on April 23-25, 2015 in Boston, USA

A conference dedicated to raising awareness on the need to implement frailty and Sarcopenia into clinical practice. To date the conference preliminary program includes 6 keynote lectures, 16 symposiums, 65 oral communications and 211 posters already accepted by the ICFSR2015 Scientific Committee. => Don’t forget to submit your work during the Call for Late Breaking News scheduled on February 2-16, 2015.
See website http://www.frailty-sarcopenia.com/program.php

An interview on Sarcopenia - Alfonso CRUZ-JENTOFT, MD, PhD
Dr. Alfonso J. CRUZ-JENTOFT is head of the Geriatric Department of the Hospital Universitario Ramón y Cajal in Madrid. He was President of the European Union Geriatric Medicine Society (EUGMS) from 2006-2007, and is now member of the EUGMS Academic Board. He co-chairs the International Sarcopenia Initiative (that includes the European Working Group on Sarcopenia in Older People), the EUGMS Special Interest Group on Sarcopenia and the Observatorio de la Sarcopenia of the Sociedad Española de Geriatría y Gerontología. He is board member of the European Academy for Medicine and Ageing (EAMA).

=> What is Sarcopenia and why is Sarcopenia related to frailty?
Sarcopenia is a geriatric syndrome characterized by progressive and generalized loss of skeletal muscle mass and function. It carries an increased risk of adverse outcomes as physical disability, poor quality of life and death. Sarcopenia is a key to understand physical frailty, especially when frailty is understood as state of increased vulnerability to stressors. Being the skeletal muscle the main driver of human mobility, Sarcopenia is nuclear to physical frailty, either as a major cause or as an aggravating circumstance in other triggers of physical frailty. Frailty and Sarcopenia share common pathogenetic pathways and risk factors. They are now major syndromes in geriatric research, in the quest to reduce or delay age-related physical disability.
What are the drug development in the field of Sarcopenia?

At this time, very few drugs are moving into phase II and III clinical trials in humans. Different therapeutic entities (selective androgen receptor modulators, ghrelin, anti-myostatin...) are being targeted, as well as old drugs used for other diseases that may have an impact on muscle function (as angiotensin-converting enzyme inhibitors), but a deeper understanding of the molecular and cellular mechanisms of Sarcopenia is needed. However, the lack of agreement on regulatory aspects and on the main outcomes that should be used in drug trials, together with some methodological issues (i.e. few studies have determined sensitivity to change of muscle mass measurements) are significantly delaying drug development. In Europe, a major clinical trial (SPRINT-T) is now ongoing to determine, in agreement with European regulatory authorities, on the therapeutic indication, endpoints and clinical trial methodology that would allow the development of innovative treatments for Sarcopenia and physical frailty.

4. Journal of Frailty and Aging


You can also visit the website FRAILTY.NET, an international educational resource that aims to help geriatricians, primary care physicians and other health care professionals involved in the care of older persons implement frailty into clinical practice. Website http://www.frailty.net

5. Upcoming meetings

IAGG’s 8th European Congress, April 23-26, 2015 in Dublin, Ireland. The Irish Gerontological Society will host IAGG’s 8th European Congress at Dublin’s Convention Centre. The 1st call for abstracts is launched and concerns the following themes: Unlocking the Demographic Dividend, Policy, Design and Environment, Biology of Ageing, Social Gerontology, Gerontechnology, Cultural Gerontology, Health and Social Care, Psychology of Ageing. Website: http://www.iaggdublin2015.org

IAGG’s 10th Asia/Oceania Regional congress, October 19-22, 2015 in Chiang Mai, Thailand. The conference theme is “Healthy Ageing Beyond Frontiers” Expected contributions should be relevant to research, policy and practice under the main 4 themes: Clinical Sciences • Biological sciences • Behavioral and social sciences • Policy, planning and practice. **Deadline of abstract submission: February 20, 2015.**
Website: [http://iaggchiangmai2015.com](http://iaggchiangmai2015.com)

The 2nd International Conference on Nursing Home Research, December 02-03, 2015. This event aims to raise further awareness on the need to promote research in nursing homes. It will deal with the following topics: Alzheimer’s disease and relevant drug and non-drug therapies, behaviour disorder, care organization, homecare, nursing homes, and new technologies. **Abstract submission deadline: June 30, 2015.** Website: [http://www.nursing-home-research.com](http://www.nursing-home-research.com)

IAGG’s 21st World Congress on July 23-27 2017 in San Francisco, USA. The Gerontological Society of America (GSA) will host this event that is held every four years. It will be dedicated to “Global Ageing and Health: Bridging Science, Policy and Practice.” Call for abstracts will be available on Spring 2016 and registration will open beginning 2017. Website: [http://www.iagg2017.org](http://www.iagg2017.org)

Best regards,

Constance de SEYNES
IAGG GARN Executive Assistant