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Preventing weakness and stiffness – A top priority for health and social care

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A B S T R A C T

With growing evidence that sarcopenia, disability and frailty can be prevented with physical activity, people living with pain, stiffness and weakness due to a musculoskeletal condition should be offered physical activity as a preventive strategy. By changing beliefs and attitudes towards ageing and raising the value and importance of physical activity, disability can be avoided or delayed and the costly burden of social care lessened.

The effects of ageing and the effects of muscle strength loss are often confused. Older people can increase their strength and decrease their fitness to that of an average person a decade younger by regular exercise by decreasing the fitness gap. For illustration, the inability to get up from a chair and get to the toilet on time is often trigger for social care.

People who are homebound are especially at risk of inactivity, and we need to be innovative and creative with ways to get them out of their homes, engaged within the community and using technology to interact with them at home.

We need a ubiquitous call to action and cultural shift throughout the health and social care ecosystem to bring all the elements together, providing a platform and tools to be more active and signpost to activity as a therapy for weakness and joint stiffness. Behaviour change and stratified approaches to identify complex cases, and one-to-one interventions are key to the success of this approach. Local leisure centres remain at the very heart of

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communities and should be wellness centres for our ageing populations making them the frontline of the NHS.

The Five Year Forward View emphasised the importance of prevention as a key priority for the National Health Service (NHS), not just because prevention of early death is obviously high priority but also because preventing disease reduces the burden on the NHS and increases the probability that it will survive as a universal service free at the point of need. The focus has been on the prevention of premature death and therefore on an increasing life expectancy, but the priority is now shifting to focus on the prevention of disability and the prolongation of healthy life expectancy. This is of vital importance for individuals because helping people stay alive longer is relatively unattractive if most of those extra months and life are spent dependent on others or in residential care. It is also a matter of concern for health and social care services faced with a growing number of people needing intensive social care including residential care, and furthermore, it is also a matter of concern for individuals, families and societies as a whole because of the cost of social care.

Most of the debate about social care focuses on need, on shortage of supply and on cost, but it is now clear that it is possible to reduce the cost of needing social or residential care by compressing the period of morbidity and dependency in the last years of life as part of what James Fries called in 1980, the rectangularisation of the survival curve [1]. A piece of NICE guidance which received little attention was its publication in 2015 of guidelines for people in middle age indicating how they could prevent or delay the onset of disability, frailty or dementia. There is also growing evidence that disability and frailty can be prevented by action taken by people in their 60s, 70s and 80s. Otherwise tens of thousands of patients, who are well enough to leave, but too frail to go home alone will take up NHS beds for mobility and dementia care and assistance getting washed and dressed.

Prevention of social care, a musculoskeletal priority

Most of the emphasis of the work on NHS England has been on cardiovascular disease and type II diabetes. This is understandable because stroke and vascular dementia and the other complications of diabetes are major causes of disability and dependence. There is, however, another cause of these problems that is determined primarily by problems of bones, joints and muscles, but before recommending action which can be taken by musculoskeletal services it is appropriate to be clear about the problem they were trying to tackle, as Einstein said ‘when facing a problem with an hour to spend allocate fifty nine minutes of that hour to be clear about the question before seeking a solution.’

The model that is emerging is best expressed by a picture as shown in the diagram below (see Fig. 1).

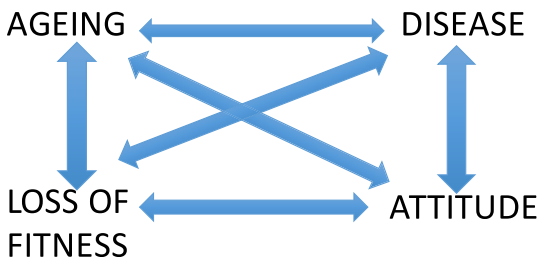

Fig. 1. We have a muddled concept of ‘ageing’, which is perceived as inevitable. Disease (often lifestyle and environmental), loss of fitness (resulting from inactivity) and attitude (a social process, influenced by personal beliefs and social culture) all contribute to ageing.