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Institutet**

SPIMEU: Reaching frail groups

Per Wändell, GP, Professor of Family
Medicine

Division of Family Medicine, Karolinska
Institutet, Stockholm, Sweden

Frail groups

- Increased risk of:
 - Diabetes
 - Cardiovascular diseases
 - Coronary heart disease
- Increased risk of worse outcomes

Identified frail groups

- Socio-economic low status groups
- Immigrants from non-Western countries
- Individuals with psychiatric disorders
- Individuals with intellectual dysfunction

Socio-economic weak groups

– Characteristics

- Low educational level
- Low income
- Living in deprived neighbourhood areas

– Unhealthy life-style

- Smoking
- Physical inactivity
- Bad dietary habits

– Other factors

- Psycho-neuro-endocrinological factors

Immigrants

- Increased risk of:
 - CVD, especially CHD, in many groups
 - Diabetes in non-European immigrant groups
 - Unhealthy behaviours
 - Smoking
 - Physical inactivity

Individuals with psychiatric disorders

- People with psychotic disorders:
 - Dramatically increased mortality and decreased life expectancy
 - Especially in CVD and CHD
 - Increased risk of diabetes
 - Antipsychotic drugs one factor
- People with depression or anxiety disorders

Individuals with intellectual dysfunction

- Different major groups
- In general high frequency of cardio-metabolic risk factors earlier than people in the general population

In summary

- The identified frail groups:
 - Higher rate of cardio-metabolic risk factors
 - Higher risk of diabetes and CVD
 - May be hard to reach with preventive measures
- How should we manage this?

Questions:

- How could we reach these frail groups?
- Do we need specific approaches to reach these frail groups?
- Are there other frail groups in need of measures that should be identified?