CENTRE FOR AGEING AND HEALTH
- AGECAP

FROM INTERVENTION TRIAL TO FULL-SCALE IMPLEMENTATION RESEARCH:

POSITIVE TENDENCIES FOR FRAILTY AND SELF-RATED HEALTH IN FRAIL OLDER PEOPLE

https://static01.nyt.com/images/2016/03/08/science/08BRODY/08BRODY-tmagArticle.jpg

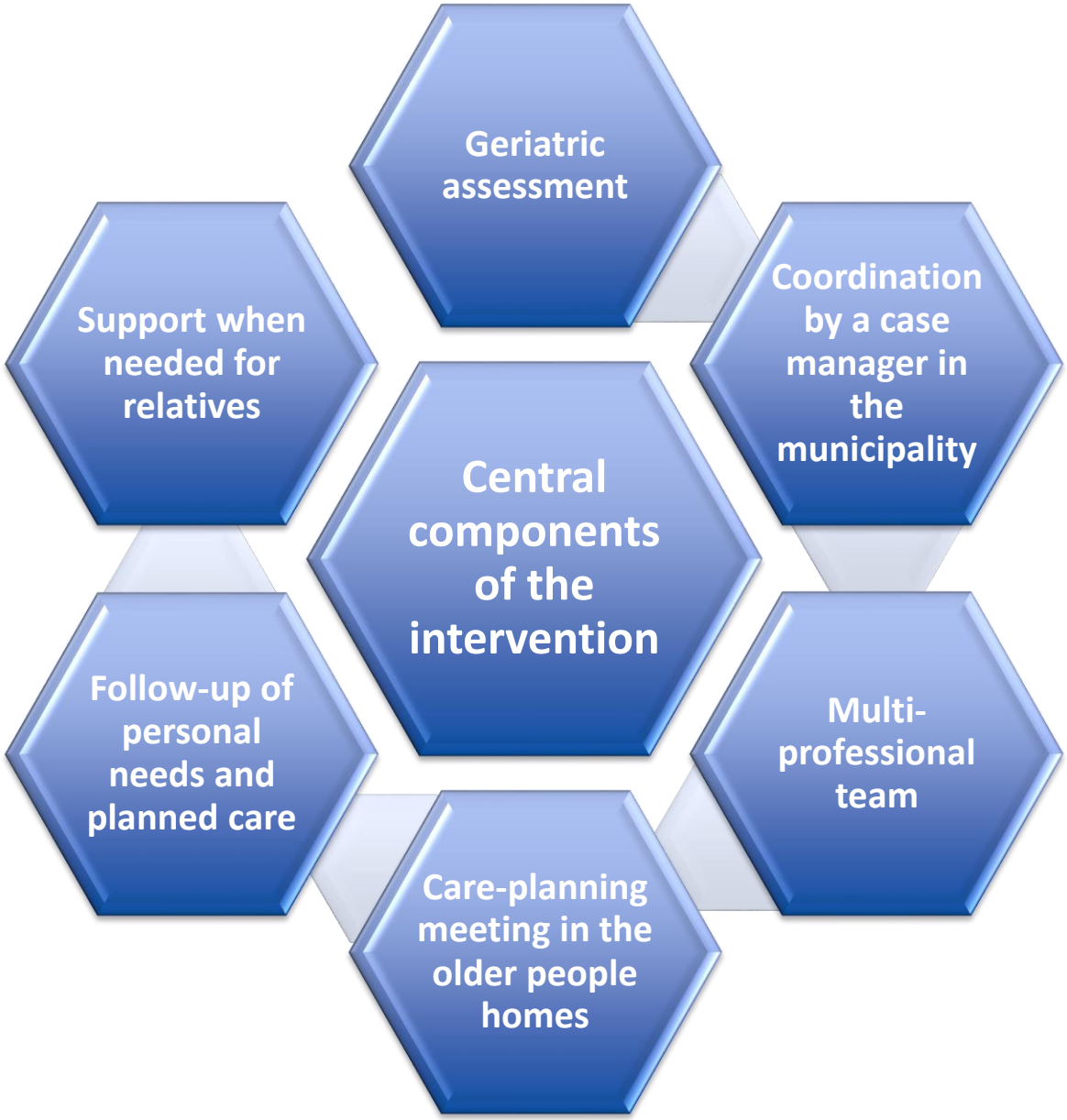
THERESA WESTGÅRD, PHD-STUDENT, MOT, REG.OCCUPATIONAL THERAPIST
ISABELLE OTTENVALL HAMMAR, PHD, REG.OCCUPATIONAL THERAPIST
KAJSA EKLUND, PHD, REG.OCCUPATIONAL THERAPIST
KATARINA WILHELMSON, PHD, MD
SYNNEVE DAHLIN-IVANOFF , PROFESSOR, REG.OCCUPATIONAL THERAPIST

Introduction

- Frail older people may require treatment and care from multiple heath care professionals
- Multiple discontinuities within the health care system can result in fragmented care
- Integrated care programmes have earlier been used to minimize fragmentation and to improve continuity and coordination of care
- *Health care chains* are a significant part of the integrated health care

Introduction

- The randomised, two-armed intervention study, the *Continuum of Care for Frail Older People* was created
- Positive effect on independence in ADL up to one year
- Decreasing dependency in activities of daily living up to six months
- Positive effects on experienced symptoms and self-rated health


Geriatric assessment
Coordination by a case manager in the municipality
Multi-professional team
Care-planning meeting in the older people homes
Follow-up of personal needs and planned care
Support when needed for relatives
Central components of the intervention

Introduction

- From the basis of earlier findings, the *Continuum of care for frail older people* was implemented in a real-life context
- This entailed that frail older people living in a municipality in Sweden received a care approach founded on the person-centred approach and the central components from the previous research
- If the benefits of the intervention are sustainable when being implemented in a real-life context is still unclear

Aim

- To evaluate the effects of the implementation of a full-scale process programme for frail older people in a real-life context regarding levels of frailty, self-rated health and activities of daily living up to one year later

Methods

- Longitudinal study with three-, six- and 12 months follow-up, data from a controlled study
- The implementation sample was evaluated in relation to a sample with historical controls
- The study population comprised people who had their 75th birthday during the study period or were older
- The intervention comprised a collaboration between a nurse with geriatric competence and a multi-professional team working in the municipality

Methods

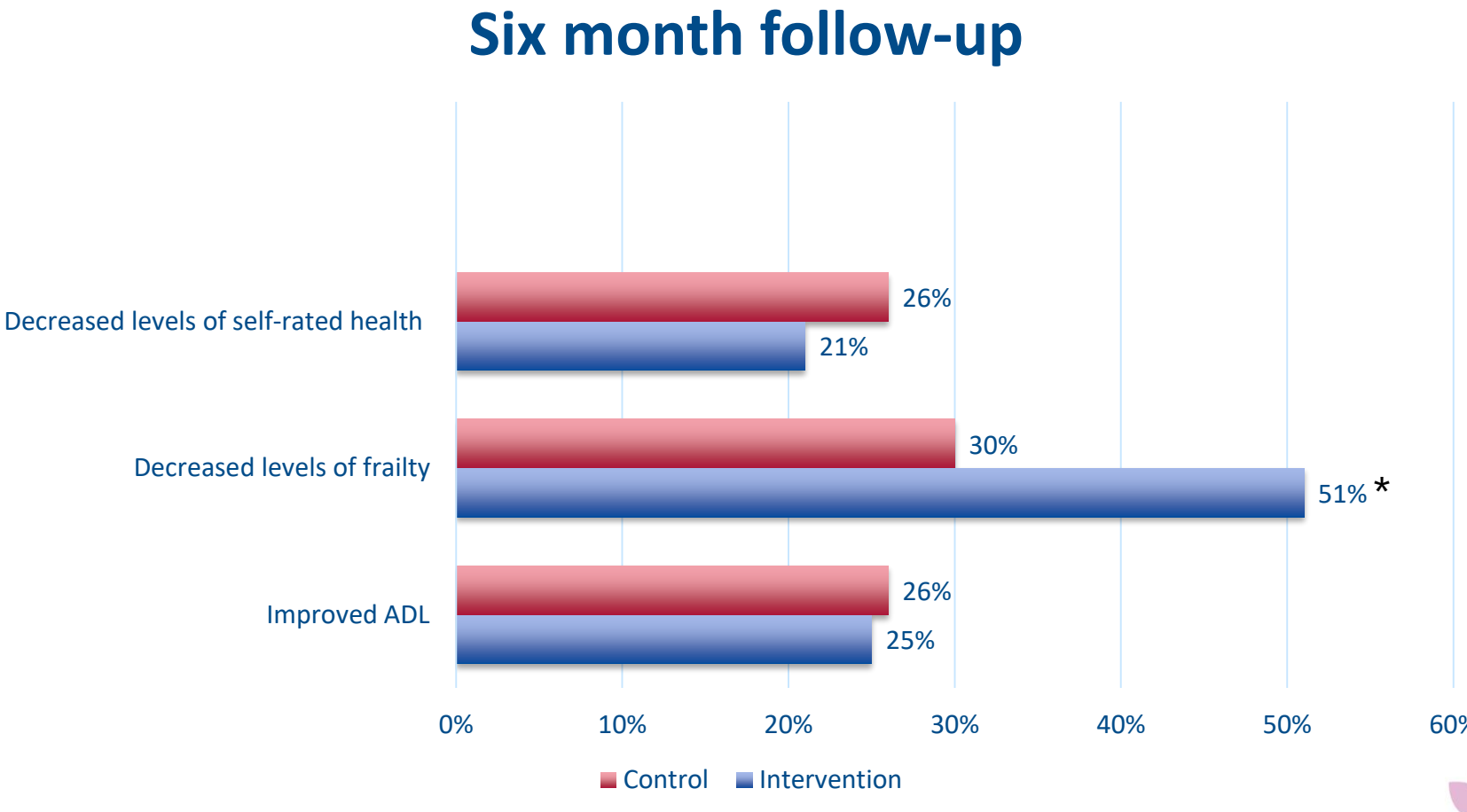
- ***Frailty*** was measured with eight frailty indicators: weakness, fatigue, weight loss, physical activity, poor balance, slow gait speed, visual impairments, and cognition
- ***Self-rated health (SRH)*** was measured using the question: "*In general, would you say your health is excellent, very good, good, fair or poor*?
- ***ADL*** was assessed using The ADL-staircase

Results

Characteristics	Historical controls (*n*=66) %	Intervention group (*n*=77) %	*p*-value
Female	55	78	**0.004**
Living alone	59	66	0.391
Tertiary education[1]	17	23	0.404
Independent in I-ADL[2]	29	13	**0.023**
Self-rated health[3]	32	31	1.000
Non-frail[4]	0	3	0.499
Pre-frail[4]	27	19	0.321
Frail[4]	73	78	0.559
General Fatigue/tiredness	68	70	0.857
Weight Loss	41	34	0.391
MMSE, <25[5]	3	16	**0.021**

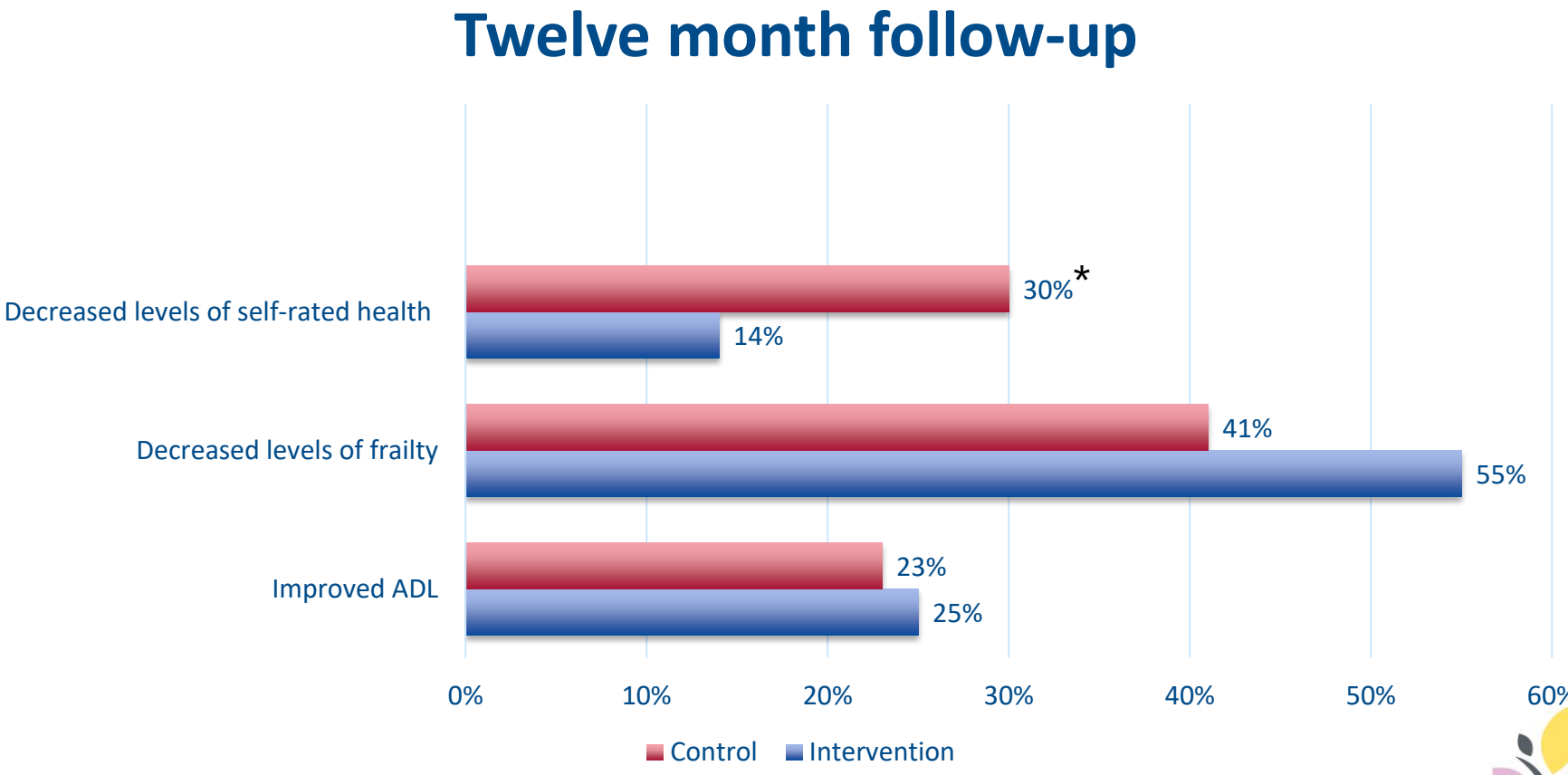
[1]Tertiary education (partial or completed university or college)
[2]I-ADL=Instrumental Activities of Daily Living
[3]Excellent/very good/good
[4]Frailty measured with: fatigue, weight loss, physical activity, poor balance, slow gait speed, visual impairments, and cognition categorized into non-frail (0 indicators), pre-frail (1-2 indicators), and frail (≥3 indicators)
[5] MMSE=Mini Mental State Examination

Results



*p=0.015

Results



*p=0.023

Results

Analyses adjusted for baseline differences:

- A tendency towards decreased frailty
- A tendency towards higher levels of self-rated health

Conclusions

Findings from the implementation study, *From intervention trial (RCT) to full-scale*, showed positive results on frailty level and self-rated health when implementing the intervention in “real life”, indicating that a person-centred, multi-professional team with a case manager is beneficial for frail older people

THANKS!

Theresa.westgard@neuro.gu.se

UNIVERSITY OF GOTHENBURG