FROM INTERVENTION TRIAL TO FULL-SCALE IMPLEMENTATION RESEARCH: POSITIVE TENDENCIES FOR FRAILTY AND SELF-RATED HEALTH IN FRAIL OLDER PEOPLE

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Introduction

- Frail older people may require treatment and care from multiple health 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
Central components of the intervention

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
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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Historical controls</th>
<th>Intervention group</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n=66)</td>
<td>(n=77)</td>
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<tr>
<td>Female</td>
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<td>16</td>
<td>0.021</td>
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</tbody>
</table>

<sup>1</sup>Tertiary education (partial or completed university or college)

<sup>2</sup>I-ADL=Instrumental Activities of Daily Living

<sup>3</sup>Excellent/very good/good

<sup>4</sup>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)

<sup>5</sup>MMSE=Mini Mental State Examination
Results

Six month follow-up

- Decreased levels of self-rated health: 26% Control, 21% Intervention
- Decreased levels of frailty: 30% Control, 51% Intervention
- Improved ADL: 26% Control, 25% Intervention

*p=0.015
Results

Twelve month follow-up

- Decreased levels of self-rated health: Control 14%, Intervention 30% (*p=0.023)
- Decreased levels of frailty: Control 41%, Intervention 55%
- Improved ADL: Control 23%, Intervention 25%
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!

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See you in Gothenburg!

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