



Available online at
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com/en



Research paper

Preventive home visits to promote the health-related quality of life of home-dwelling older people: Baseline findings and feasibility of a randomized, controlled trial[☆]

H. Liimatta^{a,d,*}, P. Lampela^b, P. Laitinen-Parkkonen^c, K.H. Pitkala^a

^a University of Helsinki, Department of General Practice and Helsinki University Hospital, Unit of Primary Health Care, Finland

^b Hyvinkää city health center, Sairaalankatu 3, 05800 Hyvinkää, Finland

^c City of Hyvinkää PL 86, 05801 Hyvinkää, Finland

^d Hyvinkää city health center, Jussilankatu 6, 05880 Hyvinkää, Finland

ARTICLE INFO

Article history:

Received 18 April 2017

Accepted 26 June 2017

Available online xxx

Keywords:

Preventive home visit

Older people

Multiprofessional

15D

Baseline

Feasibility

ABSTRACT

Background and aims: Studies on multiprofessional preventive home visits to older people are needed. We describe here the baseline findings and feasibility of a randomized controlled study on preventive home visits delivered by a multiprofessional team.

Materials and methods: Participants ($n = 422$) were home-dwelling people who were 75+ years old. They were recruited from the Hyvinkää municipal area. They were randomized into intervention and control groups. Participants in the intervention group received three home visits, delivered by a nurse, physiotherapist and social worker. Health-related quality of life (HRQoL), measured by 15D, was used as our primary outcome measurement. Feedback on the intervention was gathered from the participants. **Results:** The mean age of our participants was 81 years. They scored 0.82 in the 15D HRQoL score, and 65% were female. The findings of both groups were similar in most background variables. The only differences between the groups were that lower proportions of participants in the intervention group had diabetes or used a walker. The professionals delivering the intervention reported that all intervention procedures had been delivered according to plan. Participants who responded to the feedback survey mostly reported having gained new information and were fairly content with the intervention. However, most participants felt the home visits had not improved their health or functioning.

Conclusions: We have successfully randomized participants into two study groups in this trial examining the effectiveness of preventive home visits. The intervention seems feasible and has mostly been well received.

© 2017 Elsevier Masson SAS and European Union Geriatric Medicine Society. All rights reserved.

1. Introduction

The older population is growing in the coming decades as the demographic change in European countries indicates. Society is facing increasing demands to offer health and social services to older people with limited resources. Therefore, preventive and proactive interventions supporting older people's health, functioning and well-being are needed. Preventive home visits (PHVs)

for older people have been suggested as a means to enhance these goals, but the data on their effectiveness and cost-effectiveness are controversial [1,2].

Although there is a high number of trials exploring efficacy of PHVs [1], they are not easily comparable because of varying interventions, differing populations [2] and insufficient reporting and poor compliance [1,3–5].

Earlier studies show no clear effects when PHVs are targeted only on older persons at risk [6], thus demonstrating the importance of studying interventions that are targeted to unselected older populations. Multidimensional interventions, which consist of comprehensive assessment and close cooperation of several professionals, have been suggested to be more effective than only one nurse performing PHVs [4–6]. However, multiprofessional

[☆] The clinical trial registration number: ACTRN12616001411437.

* Corresponding author at: Tuulikinpolku 15, 11120 Riihimäki, Finland.

E-mail addresses: heini.liimatta@gmail.com, heini.liimatta@hyvinkaa.fi (H. Liimatta), pekka.lampela@hyvinkaa.fi (P. Lampela), pirjo.laitinen-parkkonen@hyvinkaa.fi (P. Laitinen-Parkkonen), kaisu.pitkala@helsinki.fi (K.H. Pitkala).

home visit programmes were studied only in a few randomized controlled studies [7,8]. Thus, a comprehensive assessment and multiprofessional intervention applied to an unselected older population could be an important area that has not been studied enough.

This randomized controlled trial investigates the effects of a comprehensive PHV intervention on older people's health-related quality of life (HRQoL) and the use of health and social services. The intervention was delivered by a nurse, physiotherapist and social worker. The study participants were home-dwelling 75 ± year olds with no regular home help or care. In this paper, we describe the baseline findings and feasibility of the intervention.

2. Methods

2.1. Participants

A postal letter was sent in May 2013 to all 2,692 residents who were 75 years old or older and living in the Hyvinkää area. This sample was obtained from the population registry office. The participant inclusion criteria for the study were:

- seventy-five years old or older;
- home dwelling;
- not receiving home help/nursing services;
- finnish speaking;
- living permanently in Hyvinkää.

An information letter explaining the trial and inviting participants was sent to the sample population ($n = 2,692$). Of them, 1143 returned a letter and showed interest in the study (Fig. 1). A postal survey was mailed to them. Those who fulfilled the inclusion criteria and returned the survey ($n = 968$) were contacted by the study nurse. Finally, the first consecutive 422 persons giving their informed consent were recruited to the trial.

2.2. Measures and study procedures

The participants were assessed at baseline and at one- and two-year time points by the same postal survey. The survey, which explored comorbidities, physical functioning, risk factors and HRQoL, was posted to all participants in the intervention and control groups at these time points.

The survey included items about demography (age, gender, education, marital status), current height and weight, diagnoses (list of diseases with yes/no options), current medications, health habits and risk factors (smoking, use of alcohol, exercise habits, falls during the past six months) and use of assistive devices. Data on the use of prescription drugs and the use of health and social services were checked from the electronic health record.

We used the 15D instrument [9] as a primary outcome measure to investigate HRQoL. 15D is a generic 15-dimensional assessment scale. It can be used as a profile measure as well as a single index. The index varies between 0 (poorest HRQoL) and 1 (excellent HRQoL). The 15 dimensions of 15D are mobility, vision, hearing, breathing, sleeping, eating, speech, elimination, usual activities, mental function, discomfort and symptoms, depression, distress, vitality and sexual activity. 15D shows very good discriminant validity and prognostic validity in different aged populations [10], and it is sensitive to changes after performing a healthcare intervention [11].

Use of health and social services, institutionalizations and death dates of the participants will be retrieved from the central registers until two years after the first home visit.

A feedback survey on feasibility of the intervention was performed to the intervention group after the home visits. The

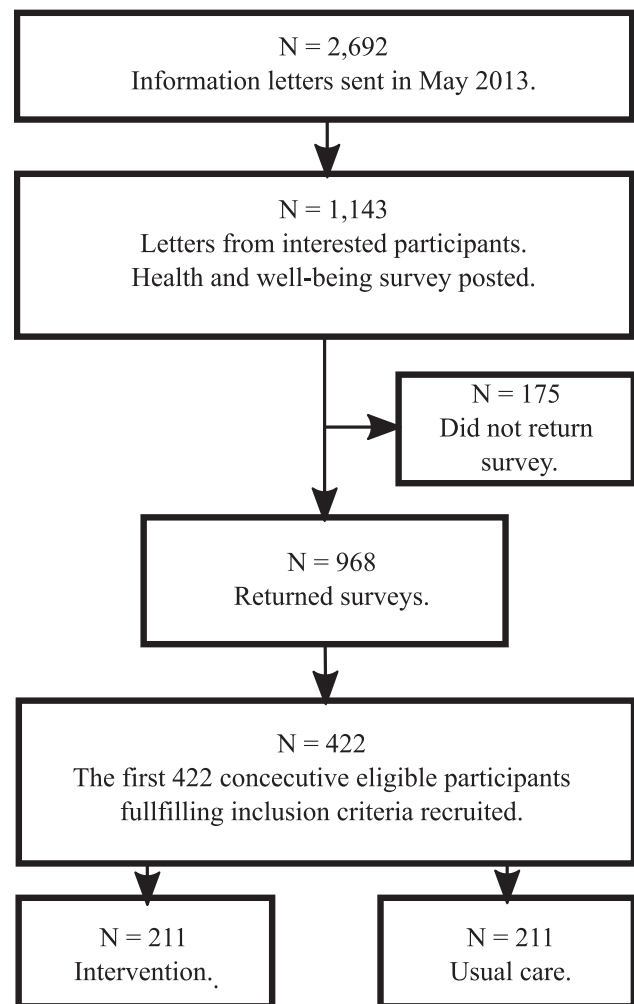


Fig. 1. Flowchart of study participant selection and randomization.

items of the survey were chosen to be in line of the general aims of the intervention and to explore the satisfaction of participants.

2.3. Ethical aspects

The study was approved by the Ethics Committee of the Helsinki University Central Hospital. Oral and written information was provided to all participants. They had an opportunity to ask for more information about the study. All of the participants gave written informed consent.

2.4. Randomization

After baseline assessment, the participants were randomized into two groups with computer-generated random numbers. The control group received usual care, including normal healthcare offered in the municipality health centre, while the intervention group received intervention visits in addition to usual care. Spouses were always randomized together to the same groups to avoid dilution of the intervention effect.

2.5. Intervention

The PHVs were delivered by four nurses with experience working with geriatric patients, a physiotherapist and a social worker who were thoroughly trained. The team of professionals could consult a doctor from a geriatric ward if needed. The team

Download English Version:

<https://daneshyari.com/en/article/8732504>

Download Persian Version:

<https://daneshyari.com/article/8732504>

[Daneshyari.com](https://daneshyari.com)