Scientific research (falls, fractures and trauma)

PREVENTION OF FALLS IN OLDER PEOPLE WITH COGNITIVE IMPAIRMENT LIVING IN RESIDENTIAL CARE (PROF-COG) - A FEASIBILITY AND PILOT CLUSTER RANDOMISED CONTROLLED TRIAL

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Introduction: Falls are common in older people with dementia living in residential care. The ProF-Cog intervention was developed to address fall risk factors specific to residential care dwellers with dementia. The aim of the study was to evaluate the safety, acceptability, feasibility and efficacy of the intervention using a pilot cluster randomised controlled trial.

Methods: Participating care homes in SE London were randomly assigned to intervention or usual care. The intervention included dementia care mapping (DCM), comprehensive geriatric assessment, occupational therapy input and twice weekly physiotherapy.

Outcome measures were collected at baseline and after 6 months and falls recorded using incident reports. Adherence to the interventions and adverse events were documented. Focus groups with participants and care staff were held in each intervention home.

Results: 191 participants (51% of those eligible) from 9 care homes enrolled in the trial with 103 allocated to the intervention home and 88 to usual care.

The intervention was safe with only one reported fall whilst taking part in exercise. Some (4/13) of the outcome measures were not feasible as they could not be easily completed by enough participants.

Adherence to the environment, activity and DCM advice provided by the occupational therapist was moderate to good (63-81%). Adherence to exercise was poor (41%).

Feedback about the intervention from care staff and participants was mostly positive. There were no significant differences in any outcome measures including the primary outcome; balance score (p = 0.9) or in risk of falls (RR = 1.0(95%CI 0.58-2.03). In most measures, both groups declined equally. The study was underpowered due to high intracluster correlation coefficients (0.37-0.85).

Conclusion: The intervention was safe and feasible but not clinically effective. Possible reasons for lack of clinical effect include inadequate dose and intensity of the intervention.