The added value of [G]OLD: An evaluation study of the effects of screening elderly people in order to detect frailty at an early stage. (In Dutch: De waarde van [G]OUD: Een evaluatiestudie naar de effecten van de consultatiefunctie voor ouderen.)

No registrations found.

Ethical review	Positive opinion
Status	Recruitment stopped
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON25845

Source
NTR

Brief title
[G]OLD, Getting OLD the healthy way (in Dutch: [G]OUD, Gezond OUD in Limburg)

Health condition

Frailty, health-related quality of life, disability (in Dutch: kwetsbaarheid, gezondheidsgerelateerde kwaliteit van leven, zelfredzaamheid)

Sponsors and support

Primary sponsor: Maastricht University Medical Center (MUMC+)
Source(s) of monetary or material Support: The Netherlands Organization for Health Research and Development (ZonMw)

Intervention

Outcome measures

Primary outcome

The primary outcome measures are health-related quality of life, measured by the RAND-36, and disability, assessed using the Groningen Activity Restriction Scale (GARS).

Sample size calculations are based on the RAND-36.

Secondary outcome

1. Attitude towards ageing (subscale attitude toward own ageing from the PGC Morale Scale);

2. Health care utilization (number of contacts with different health care providers, e.a., GP consultations, hospital admission);

3. Admission to nursing home or home for the elderly (number of admissions and time to admission from T0 to T3);

4. Mortality (number of deaths from T0 to T3).

Study description

Background summary

A longitudinal, quasi-experimental study is performed in three regions in the south of the Netherlands. General practices in these regions were invited to participate in the evaluation study. Participating general practices randomly selected community-dwelling people aged 75 years and older from the GP's Information System. Older people within intervention practices are visited at home by the practice nurse for a multidimensional assessment followed by individualized care. Older people from control practices receive usual care. Primary outcome measures are health-related quality of life and disability. Effects on primary and secondary outcome measures are assessed at baseline (T0), 6-months (T1), 12-months (T2), and 18-months (T3) after baseline. Parallel to the effect study, a process evaluation will provide insight into the barriers and facilitators for implementing [G]OLD within general practices.

Study objective

Due to the ageing of the population, the number of (frail) elderly people who suffer from (multi)complex health complaints increases and this ultimately threatens their ability to function independently. Preventive home visitation programmes may support older people to

grow old at home. Recent studies emphasize the importance of embedding home visitation programmes into existing primary care systems and tailoring care to older people's needs and wishes. In this study we aim to investigate the effects and feasibility of the early detection of health problems among community-dwelling older people and their subsequent referral to appropriate care and/or well-being facilities by general practices. We hypothesize that a comprehensive multidimensional assessment of the health and well-being of people (75+) by general practices and subsequent individualized care and follow-up (if required) will lead to sustained or improved health-related quality of life and reduced disability. Furthermore, we believe that this approach will be valued by and will be feasible for both older people and caregivers.

Study design

The outcome measures health-related quality of life, disability and attitude towards ageing are included in a postal questionnaire send to older people at baseline, 6-months, 12-months and 18-months follow-up.

The additional secondary outcomes admission to a nursing home or home for the elderly, health care utilization, and mortality are continuously registered by general practices during the study period in the GP's Information System. Data are extracted for each patient after 18-months follow-up. Health care utilization is also recorded by the older people themselves during the study period (T0 to T3) in a care booklet specifically developed for [G]OLD.

Intervention

In total, 14 general practices will participate in the intervention group and 13 general practices will participate in the control group. All participating general practices randomly select community-dwelling people aged 75 years and older from the GP's Information System.

Practice nurses from intervention practices:

1. Visit older people at home for a comprehensive assessment of their health and well-being. For this purpose they use the so-called [G]OLD-instrument: a structured, multidimensional instrument to assess the person's physical, psychological, mental and social functioning, as well as lifestyle and medication use;

2. Discuss results with the GP. The results of the [G]OLD-instrument, as well as the patient's needs and wishes, determine whether follow-up actions regarding certain problems are needed. These actions may consist of additional diagnosis, preventive care or advise, treatment in primary health care or referral to other care and/or well-being facilities as much as possible in the older person's neighbourhood;

3. Formulate – if required – a care and treatment plan together with the patient;

4. Refer patient to care and/or well-being facilities (if applicable);

5. Monitor and coordinate care and follow-up. The need for and frequency of follow-up contacts strongly depends on the type of problems or complaints that deserve attention according to the care and treatment plan.

Control practices provide usual care (access to the ordinary range of health care services available).

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Eligibility criteria

Inclusion criteria

1. Age 75 years and over, either sex;

2. Informed consent.

Exclusion criteria

1. Not living independently;

2. On a waiting list for admission to a nursing home or home for the elderly;

3. Under close medical supervision (chemotherapy, chronic haemodialysis or other therapies posing a high burden on the person);

4. Terminally ill.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	12-05-2010
Enrollment:	1716
Type:	Actual

Ethics review

Positive opinion

Date:	07-02-2011
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL2609
NTR-old	NTR2737
Other	ZonMw / MEC azM/UM : 311070303 / 10-4-015;
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results
N/A