

# Research into prevention of medication induced fall incidents.

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Recruiting
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON26171

### Source

NTR

### Brief title

ImproveFALL

### Health condition

Fall-related injury of any type requiring consultation to the Emergency Department

## Sponsors and support

**Primary sponsor:** Erasmus MC (Dr. T.J.M. van der Cammen)

**Source(s) of monetary or material Support:** ZonMw

## Intervention

## Outcome measures

### Primary outcome

1. Incidence of further falls;
2. Negative health effects;

3. Costs per prevented fall.

### **Secondary outcome**

1. Fall-related injuries;
2. Generic HRQOL;
3. Compliance;
4. Quality Adjusted Life Years;
5. Genetic polymorphisms;
6. Costs per prevented fall-related injury;
7. Costs per QALY.

## **Study description**

### **Background summary**

Objective/ research questions:

To evaluate the effects and cost-effectiveness of a systematic drug assessment and drug modification in older fallers presenting at the Emergency Department (ED). Based on the results of this study, a clinical protocol will be developed for assessment and modification of drug use among older fallers at the ED.

Study design:

RCT with one intervention and one control group. Older fallers (65+) presenting at the ED, and on 1 or more fall-risk increasing drugs, are eligible. In total 620 patients will be randomized. The intervention group will receive a systematic drug assessment. Fall-risk increasing drugs will be stopped, reduced or substituted by safer drugs where possible. The control group will receive usual care and a systematic drug assessment without drug modification. During 1 year of follow-up, fall incidence, fall-related injuries, medication use, recurrence of (disease)symptoms, and health care consumption (costs) will be registered. Also, patients will complete health-related quality of life questionnaires (SF-12v2 and EQ-5D).

Outcome measures:

Primary outcome parameters will be the incidence of further falls and the possible negative health outcomes of drug withdrawal.

Secondary outcome measures will be fall-related injuries, generic health-related quality of life (HRQOL), compliance and quality adjusted life years.

Data analysis:

The intention-to-treat principle will be followed. The hazard ratio (HR) for falling will be calculated with Cox-regression analyses using the time between the intervention till the first/second fall as the outcome measure.

Economic evaluation:

Cost-effectiveness analysis, including costs per prevented fall as primary outcome measure, and costs per prevented fall-related injury and costs per QALY as secondary outcome measures.

## **Study objective**

The withdrawal, reduction or substitution of fall-risk increasing drugs will reduce fall risk in the elderly.

## **Study design**

- t=0: Baseline fall-related (drug) assessment;
- t=3, 6, 9, 12 months: fall / health questionnaire;
- t=12 months: final fall-related assessment.

## **Intervention**

Intervention group:

systematic fall-related drugs assessment combined with drug modification.

Control group:

systematic fall-related drug assessment without subsequent drug modification.

## Contacts

### **Public**

Erasmus MC, Department of Internal Medicine, Section of Geriatric Medicine  
P.O. Box 2040

T.J.M. Cammen, van der  
Rotterdam 3000 CA  
The Netherlands  
+31.10.7035979

### **Scientific**

Erasmus MC, Department of Internal Medicine, Section of Geriatric Medicine  
P.O. Box 2040

T.J.M. Cammen, van der  
Rotterdam 3000 CA  
The Netherlands  
+31.10.7035979

## Eligibility criteria

### **Inclusion criteria**

1. Fall according to the specified definition;
2. Using at least 1 fall-risk increasing drug;
3. Community-dwelling;
4. Age 65 years or older;
5. Independently ambulant;
6. MMSE 21 points or higher;
7. Informed consent.

## Exclusion criteria

1. Fall not meeting criteria of specified definition;
2. Not using fall-risk increasing drugs;
3. Not community-dwelling (e.g. living in nursing home);
4. Age <65 years;
5. Not independently ambulant;
6. MMSE <21 points;
7. No informed consent.

## Study design

### Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

### Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	27-10-2008
Enrollment:	620
Type:	Anticipated

## Ethics review

Positive opinion	
Date:	16-12-2008

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	NL1523
NTR-old	NTR1593
CCMO	NL23970.078.08
ISRCTN	ISRCTN wordt niet meer aangevraagd

## Study results

### Summary results

N/A