

Health promotion for community-dwelling elderly: pros and cons of a preventive health centre for the elderly

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Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Lifestyle issues
Study type	Interventional

Summary

ID

NL-OMON33489

Source

ToetsingOnline

Brief title

PRIMUS

Condition

- Lifestyle issues

Synonym

(un)healthy behavior, Life style

Research involving

Human

Sponsors and support

Primary sponsor: Zorgonderzoek Nederland (ZON)

Source(s) of monetary or material Support: ZonMw

Intervention

Keyword: Elderly, Health promotion, Prevention, Screening

Outcome measures

Primary outcome

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- Reach/participation preventive health consults per risk group
- Percentage advised interventions or follow-up care per subject and risk group
- Participation in the advised interventions or follow-up care per risk group
- Satisfaction with preventive health consults per intervention group

Secondary outcome

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- Self reported change in behaviour, stages of behavioural change and behavioural determinants (attitudes, intention, locus of control, informed decision)
- Self reported quality of life
- Satisfaction of the elderly towards quality, feasibility and inter personal contact per intervention group
- Satisfaction of the caregivers per intervention group

Study description

Background summary

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The increase of the elderly people in the Dutch society asks for solutions to handle the increase in health problems. From our survey among a sample of elderly individuals we concluded that a high percentage of the elderly could

live healthier; 53% is not sufficiently physically active, 43% does not eat fruit every day, 16% uses sleeping pills or sedatives/tranquilizers, 14% smokes and 5% frequently drinks too much. A healthy lifestyle can also benefit the health of the elderly. Smoking cessation, healthier eating behavior and physical activity have a positive effect on the health of the elderly; even when individuals change their behaviour after they have turned 65.

At this moment there are several interventions -also for the elderly - that can promote a healthy lifestyle. However elderly people for who these interventions could be useful do not know that these interventions exist. It is important to narrow the gap between the existing interventions and the awareness of at-risk groups of these interventions, to improve their impact .

The preventive health consult for elderly people, under evaluation in this study, is directed at 1) systematically assessing risks among elderly people, (2) Advising and referring elderly people for who behavioural change is important to suitable interventions.

Study objective

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One objective of this study is to assess whether preventive health consults for elderly people reach the elderly and whether the consults result in a better attendance to existing interventions. This objective is operationalized by the following research questions:

1. How many elderly people that are invited for a preventive health consult attend a consult?
2. How many elderly people that attended a preventive health consult, are advised to follow an intervention?
3. Are elderly people more motivated to start an intervention after a preventive health consult than elderly people that are not offered a preventive health consult?
4. How many elderly people start an intervention and do elderly people with consult differ in it from elderly people without consult?

A second objective is to assess how the preventive health consults were provided: How satisfied elderly people, general practitioners and nurses are about the preventive health consults? How is the completeness and quality of use of the protocol for the preventive health consults by the health professionals?

Study design

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In this study four groups of each 300 elderly individuals aged 55-74 will be compared with each other and their own control group. Two groups of elderly

people will be invited by the general practitioner to come to the general practice for a preventive health consult, two groups will be invited by the general practitioner to come to the homecare. Half of the general practitioners group half of the homecare group will have treatment according to the Motivation Oriented method and half will have treatment according to the solution oriented method. All intervention groups have their own waiting list control group.

The elderly people in the intervention groups will complete a questionnaire about four weeks prior to the consult and 10 weeks later (four weeks after the follow-up consult). 12 weeks after the baseline measurement (six weeks after the follow-up consult) will be assessed whether the persons (with an advice for intervention of follow-up care) have followed-up the advice.

The control group will complete the questionnaires in a same time period.

The nurses register in each consult with a client the advices that they have given and how the consult went.

Intervention

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The intervention consists of a screening and an advice during a preventive health consult in the general practice or homecare. This consult will be followed by a telephonic follow-up consult of approximately 10 minutes.

The preventive health consults will be directed at the health subject mentioned below:

- i. Cardiovascular risk
- ii. Smoking
- iii. Physical activity
- iv. Fat intake
- iv. Excessive alcohol use
- v. Loneliness

Elderly people will be screened and will get advice and referral on these subjects. The screening and advising will be done by trained nurses.

Study burden and risks

Burden mainly exists in the time spend for completing the questionnaires and attending the preventive health consult.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

Age 55 to 75

Exclusion criteria

Excluded are persons who are physically, mentally or intellectually not able to participate, who had a cardiovascular event in the last 6 months or to whom behavioural change can be harmful

Study design

Design

Study type: Interventional
Intervention model: Parallel

Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active
Primary purpose:	Prevention

Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	01-04-2010
Enrollment:	1200
Type:	Actual

Ethics review

Approved WMO	
Date:	30-05-2011
Application type:	First submission
Review commission:	METC Leiden-Den Haag-Delft (Leiden)
	metc-ldd@lumc.nl

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

CCMO

ID

NL27736.058.09