Maintaining Functionality In Transition (FIT)

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To optimize independent functioning and quality of life through:1. Systematic screening for increased risk of functional loss among community dwelling elderly (Phase 1);2. Providing a nurse-led, complex intervention to elderly people with an...

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

Summary

ID

NL-OMON34091

Source
ToetsingOnline

Brief title
FIT

Condition

- Other condition

Synonym
conditions associated with old age, geriatric conditions

Health condition

geriatrische problemen bij ouderen

Research involving
Human

Sponsors and support

Primary sponsor: Academisch Medisch Centrum
Source(s) of monetary or material Support: ZonNw nationaal programma ouderenzorg

Intervention

Keyword: - activities of daily living, - geriatric assessment, - public health nursing, - vulnerable elderly people

Outcome measures

Primary outcome

Functional decline, measured by the Katz-ADL

Secondary outcome

Hospital or nursing home admissions, mortality, quality of life,

cost-effectiveness and feasibility of the intervention in GP practice

Study description

Background summary

The number of elderly people in the Netherlands is rising. Although most of them are relatively healthy, the absolute number of frail elderly is increasing too. In old age, reduction in physical function can lead to loss of independence and quality of life. Earlier reports concluded that around 8% of community dwelling elderly people aged 70 and over has a frail profile. Timely recognition of this group may decelerate functional loss and facilitate prolonged independence. Currently, it appears that comprehensive, integrated care for elderly people with (multiple) chronic conditions is lacking. Therefore, the regional geratric network around the Academic Medical Centre in Amsterdam ('Kring Ouderenzorg AMC (KOZ)') has instigated the FIT-study (Maintaining functionality In Transition (FIT)). This study comprises of a systematic screening to identify frail (or 'pre-frail') elderly people in an early/earlier phase and optimize their health and quality of life by treating where needed and caring where desired.

Study objective

To optimize independent functioning and quality of life through:

1. Systematic screening for increased risk of functional loss among community dwelling elderly (Phase 1);
2. Providing a nurse-led, complex intervention to elderly people with an increased risk of functional loss (Phase 2).

Study design

A multi-centre, open, cluster randomized trial in general practice, comparing a multi-component intervention (both multi-dimensional and -disciplinary) against current care as provided by GPs and other health professionals ('care as usual')

Intervention

The intervention consists of a multi-dimensional comprehensive geriatric assessment (CGA), exploring potential problems on the level of physical, mental and social functioning and quality of life. The identified problems will serve as a basis for a multi-component treatment and care programm, instigated by the nurse in close collaboration with both the GP and patient.

Study burden and risks

All elderly with increased risk for functional loss will be subjected to a comprehensive geriatric assessment (appendix 2) that will approximately last one hour and is expected to take place in the GPs' surgery or at home (if the patient is not able to come to the surgery). The identified problems are discussed with the GP and the patient and are translated into a treatment and care plan. Example of potential interventions are consultations of an ergotherapist of physiotherapist for elderly people with increased fall-risk and/or impairments in their mobility. The nurses aim for 7 follow-up contacts within one year, through office consultations, home visits or telephone contact if warranted. The practice nurse will work in close collaboration with the GP, evaluating the treatment and care plans in the course of the follow-up, while looking out for emerging new problems over time.
Participants in the control group may not benefit from filling out the questionnaires, although their response will be analyzed over time and will be made available to their GP toward the end of the study, thus yielding potential new (or existing) problems that can be (further) addressed.

Contacts

Public
Academisch Medisch Centrum

Meibergdreef 9
1105 AZ
NL
Scientific
Academisch Medisch Centrum

Meibergdreef 9
1105 AZ
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

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

Inclusion criteria

All patients of 70 and above with increased risk for functional decline (score based on postal questionnaire (ISAR PC, appendix 1)) are invited for further geriatric assessment and treatment.

Exclusion criteria

Patients who are terminally ill, demented, unable to speak Dutch, or planning to move.

Study design

Design

Study type: Interventional

Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)

Primary purpose: Health services research

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	02-01-2011
Enrollment:	1418
Type:	Actual

Ethics review

Approved WMO

Application type:	First submission
Review commission:	METC Amsterdam UMC

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
CCMO	NL32631.018.10