

# Predicting the onset of acute admissions in older persons

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To test the feasibility of measuring the course of symptoms and physical functioning during the recovery period on a daily base in older adults acutely admitted to the emergency department and being discharged home.

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Other condition
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON48068

### Source

ToetsingOnline

### Brief title

PredED

### Condition

- Other condition

### Synonym

symptoms in acute illness

### Health condition

alle acute ziekten bij ouderen

### Research involving

Human

## Sponsors and support

**Primary sponsor:** Academisch Medisch Centrum

**Source(s) of monetary or material Support:** Ministerie van OC&W

## Intervention

**Keyword:** acute illness, older patients, readmission, symptoms

## Outcome measures

### Primary outcome

Institution-based feasibility (factors including the number of patients screened, number of patients eligible, number of patients contacted) and patient-based feasibility (factors including number of patients enrolled, withdrawal, number of missing values per patient).

### Secondary outcome

Symptoms and functionality on a daily bases 30 days post-discharge and readmission rates 30-days post-discharge.

## Study description

### Background summary

The number of acute visits to the ED is increasing in older adults, however predicting revisits is challenging. Geriatric syndromes and their symptoms play an important role in the recovery period of older adults post-discharge. New methods like ecological momentary assessment, daily measurements of symptoms, physical functioning and mood, may can predict acute illness which should be treated medically. Therefor, insight into daily experienced symptoms, physical functioning and mood is needed.

### Study objective

To test the feasibility of measuring the course of symptoms and physical functioning during the recovery period on a daily base in older adults acutely

admitted to the emergency department and being discharged home.

### **Study design**

Longitudinal, prospective, observational pilot cohort study.

### **Study burden and risks**

Participants will be asked for participation at the ED before discharge. Participants will be asked to fill in a symptom diary and a functionality questionnaire up to 30 days post-discharge and wear an activity tracker up to 30 days. We estimate a minimal burden for participants and no risks associated with participation. We do not expect this will be associated with psychological discomfort.

## **Contacts**

### **Public**

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### **Scientific**

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## **Trial sites**

### **Listed location countries**

Netherlands

## **Eligibility criteria**

### **Age**

Adults (18-64 years)

Elderly (65 years and older)

## Inclusion criteria

- acutely admitted to the Emergency Department (ED)
- aged 70 years and older
- being discharged to an independent living arrangement after the ED visit

## Exclusion criteria

- presence of dementia in the medical history
- inability to provide informed consent
- not able to speak sufficiently Dutch

## Study design

### Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Basic science

### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 22-10-2019

Enrollment: 50

Type: Actual

## Ethics review

Approved WMO

Date: 16-10-2019

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	NL71169.018.19