

# A randomised controlled trial to improve outcomes of hip fracture patients with fear of falling in geriatric rehabilitation

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Treatment of fear of falling in hip fracture patients in GR, using the FIT-HIP intervention, will lead to reduction of fear of falling and therefore to an improvement of mobility function (gait and balance), in comparison to patients with fear of...

<b>Ethische beoordeling</b>	Positief advies
<b>Status</b>	Werving gestart
<b>Type aandoening</b>	-
<b>Onderzoekstype</b>	Interventie onderzoek

## Samenvatting

### ID

NL-OMON20252

### Bron

Nationaal Trial Register

### Verkorte titel

FIT-HIP

### Aandoening

- Fear of falling (valangst)
- Hip fracture (heupfractuur)
- Geriatric rehabilitation (geriatrische revalidatie)

### Ondersteuning

**Primaire sponsor:** Leiden University Medical Center (LUMC)

Department of Public Health and Primary Care (PHEG)

**Overige ondersteuning:** ZonMw (as part of the program "Huisartsgeneeskunde en Ouderengeneeskunde")

Project number: 839120004

## Onderzoeksproduct en/of interventie

### Uitkomstmaten

#### Primaire uitkomstmaten

1. Mean difference in The Tinetti Performance Oriented Mobility Assessment (POMA) score at discharge from GR (or at a maximum of 3 months of admittance to GR), compared between FIT-HIP intervention and usual care.

The POMA is a measure of mobility function (gait and balance).

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2. Mean difference in the Falls Efficacy Scale International (FES-I) score at discharge from GR (or at a maximum of 3 months of admittance to GR), compared between FIT-HIP intervention and usual care. The FES-I is a measure of fear of falling.

## Toelichting onderzoek

#### Achtergrond van het onderzoek

Rationale: Annually in the Netherlands 15.000 elderly patients (55 years or older) are admitted to hospital because of a hip fracture. Of these patients, approximately 3500-5000 are discharged to a skilled nursing home to take part in an inpatient geriatric rehabilitation program (GR). The functional prognosis after a hip fracture is poor with a 1 year mortality rate of 20-30%. A great deal of the patients experience permanent functional disability, with only 40% recovering to their pre-fracture functional state. Factors that influence functional outcome are pre-fracture functional state (activities in daily living and walking function), age, sex, cognitive function, depression and fear of falling. Fear of falling possibly has a greater effect on functional outcome than pain or depression. Currently there are no programs known available aimed at reducing fear of falling among hip fracture patients admitted to geriatric rehabilitation units.

Objective: To determine the effects, feasibility and costs of a multi-component cognitive behavioural intervention for reducing fear of falling and associated activity restriction in hip fracture patients admitted for geriatric rehabilitation.

Study design: Cluster randomised controlled trial, with blinding of patients and outcome assessors.

Study population: Hip fracture patients aged 65 years or older, admitted to a geriatric rehabilitation unit for rehabilitation.

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Main exclusion criteria: factors interfering with learnability (diagnosis of dementia or score on the 'hetero-anamnesis list cognition' > 1, suggesting pre-morbid cognitive problems, major psychiatric disease, insufficient mastery of Dutch language), limited life expectancy, patients with a pathological hip fracture and patients with a pre-fracture Barthelindex score < 15.

Intervention: The control group receives care as usual, as embedded in the care pathway geriatric rehabilitation for hip fracture patients. The intervention group receives the FIT-HIP intervention integrated in the usual care. The FIT-HIP intervention consists of various elements of cognitive behaviour therapy (guided exposure, psycho-education, cognitive restructuring and relapse prevention). This will be combined with exercise training in the physiotherapy sessions.

Main study parameters/endpoints:

Effect evaluation: Reduction in the fear of falling, measured with the Falls Efficacy Scale International (FES-I). Improvement in mobility measured by the Tinetti Performance Oriented Mobility Assessment (POMA).

Process evaluation: Within the framework of the process evaluation, fidelity; completeness; exposure; satisfaction; reach; recruitment and context will be evaluated by quantitative and qualitative analysis.

Economic evaluation: Cost analysis (from a healthcare perspective) and cost-utility analysis (comparing healthcare costs to Quality-Adjusted Life Years).

## **Doel van het onderzoek**

Treatment of fear of falling in hip fracture patients in GR, using the FIT-HIP intervention, will lead to reduction of fear of falling and therefore to an improvement of mobility function (gait and balance), in comparison to patients with fear of falling who do not receive this treatment.

## **Onderzoeksopzet**

- Baseline measurements: first week of admission to GR
- Discharge measurements: last week of admission to GR
- Follow up 1: 3 months after discharge from GR
- Follow up 2: 6 months after discharge from GR

## Onderzoeksproduct en/of interventie

The control group receives care as usual, as embedded in the care pathway geriatric rehabilitation for hip fracture patients. The intervention group receives the FIT-HIP intervention integrated in the usual care. The FIT-HIP intervention consists of various elements of cognitive behaviour therapy (guided exposure, psycho-education, cognitive restructuring, relapse prevention). This will be combined with exercise training in the physiotherapy sessions.

## Contactpersonen

### Publiek

Postzone V0-P, (kamer V6-68), PO Box 9600, 2300 RC Leiden, The Netherlands  
Maaïke Scheffers-Barnhoorn  
Department of Public Health and Primary Care  
Leiden University Medical Center  
Hippocratespad 21, Leiden. Gebouw 3.  
Leiden  
The Netherlands  
Tel: 071-5268444

### Wetenschappelijk

Postzone V0-P, (kamer V6-68), PO Box 9600, 2300 RC Leiden, The Netherlands  
Maaïke Scheffers-Barnhoorn  
Department of Public Health and Primary Care  
Leiden University Medical Center  
Hippocratespad 21, Leiden. Gebouw 3.  
Leiden  
The Netherlands  
Tel: 071-5268444

## Deelname eisen

### Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Main inclusion criteria:

- Aged 65 years or older
- Admitted to a geriatric rehabilitation (GR) unit for rehabilitation due to a hip fracture
- Concerned to fall. This is measured by the one item fear of falling question (answering 'positively' in the category sometimes, often or very often)

## **Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)**

- The patient has a condition interfering with learning ability, such as:
  1. A diagnosis of dementia or score on the 'hetero-anamnesis list cognition' > 1, suggesting pre-morbid cognitive problems
  2. A major psychiatric disease
  3. Insufficient mastery of Dutch language
- The patient has a limited life expectancy
- The patient has a pathological hip fracture
- Pre-fracture Barthel-index score < 15 (as a measure of ADL dependency)

## **Onderzoeksopzet**

### **Opzet**

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Dubbelblind
Controle:	N.v.t. / onbekend

### **Deelname**

Nederland

Status:	Werving gestart
(Verwachte) startdatum:	09-03-2016
Aantal proefpersonen:	165
Type:	Verwachte startdatum

## Ethische beoordeling

Positief advies	
Datum:	07-03-2016
Soort:	Eerste indiening

## Registraties

### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

### Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

### In overige registers

Register	ID
NTR-new	NL5573
NTR-old	NTR5695
Ander register	839120004 : ZonMW

## Resultaten