

<b>Contract number: QLK6-CT-1999-02205</b>
<b>Title of the project:</b> <b>Disability prevention in the older population: Use of information technology for health risk appraisal and prevention of functional decline</b>
<b>Acronym of the project: Disability prevention</b>
<b>Type of contract: Shared cost RTD project</b>
<b>QoL action line: 6.5. The Ageing Population and Disability (Health and social care services to older people)</b>
<b>Commencement date: 01/02/2000</b>
<b>Duration: 36 months</b>
<b>Keywords: Disability prevention, healthy ageing, health risk appraisal</b>
<b>World wide web address: in progress (www.geru.org)</b>
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**Overall objectives of the project:**

The goal of the project is to change health risk behaviours in older persons with the longer-term aim of preventing disability and minimising unnecessary service utilisation. This is achieved by the development of a new intervention that could be integrated into primary care at relatively low costs and that could be used as a cross-national database for comparative evaluation on determinants of healthy ageing.

**Experimental approach and working method:**

The intervention is based on the use of information technology to identify modifiable risk factors for disability and to generate feed-back statements to older persons and health care providers (Health Risk Appraisal for Older Persons, HRA-O). The first project phase was devoted to the development and pilot-testing of HRA-O. In the second project phase, we are conducting three randomised controlled trials in Hamburg (N=2580), Bern (N=2284), and London (N=2503). Study population: Older community-dwelling persons (London, Bern: age 65 years and older; Hamburg 60 years and older), registered in participating primary care practices. Pre-randomisation postal questionnaire will be used for base-line data collection. Randomisation: Two thirds of practices were allocated to additional physician training. Older persons of these practices were randomised to intervention group and control (usual care) groups. Older persons of the remaining one third of practices (no additional physician training) serve as a second control group. Intervention: Persons in the intervention group received the HRA-O intervention (written feed-back with reinforcement in primary care practice over a one-year period). Reinforcement differed by region: Outcomes: At one-year follow-up, the HRA-O questionnaire and telephone follow-up were administered to all subjects to evaluate the effects on health behaviour. In London, electronic chart information was used to analyse process of care.

**Achievements and results to date:**

Completion of pilot test: successful completion pilot field tests Hamburg (N=164) and London (N=348); regional adaptation of HRA-O to Hamburg, London, and Bern.

Completion of base-line of multi-site randomised study: (Hamburg, London, Bern) with one year follow-up. Base-line results showed high prevalence of modifiable risk factors for disability (e.g. low physical activity, high fat nutrition, vision problem, risk of social isolation), variable levels of preventive care uptake (e.g. no colon cancer screening, no influenza vaccination) and high level of acceptance of self-administered questionnaire (older persons said that questionnaire was easy to complete);

Completion of one-year follow-up of randomised studies depicting the following results: In Hamburg and in Bern, favourable impact on health behaviour (e.g. nutrition, physical activity, alcohol use) and on preventive care use (e.g. influenza vaccination, colon cancer screening); in London favourable change of process of care (documentation of geriatric problems), but no major change in risk factors.

Development of a final and adapted HRA-O system with questionnaire, summary report, and participant report.

Databases for secondary analyses, mostly for improving the system (e.g., secondary analyses planned for instruments analysing pain, medication use, social support, oral health).

Development of practice implementation scenarios for the member states of the extended consortium (Germany, U.K., Austria, Denmark, Netherland).

Ongoing dissemination activities: collaboration with groups in other member states (Austria, Denmark, Netherlands, Italy, Belgium) interested in future use and dissemination.

**Publication emanating from the project (in progress):**

1. Stuck AE, Elkuch P, Dapp U, Anders J, Iliffe S, Swift C, PRO-AGE pilot study group. Feasibility and yield of a self-administered questionnaire for health risk appraisal in older people in three European countries. *Age Ageing* 2002; 31:463-467.