

Longitudinal Urban Cohort Ageing Study

Funding: Bundesministerium für Bildung und Forschung (BMBF)
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BMBF Förderkennzeichen LUCAS-Verbund 01ET0708-12

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Summary of the first funding period 01 October 2007 – 31 December 2010

Subproject 5:

How to face Frailty? Preventive Home-and Nursing-Home-Visits in functional decliners - a subproject of the longitudinal urban cohort ageing study (LUCAS) in Hamburg 2007-2010

As the monitoring of the longitudinal LUCAS-cohort (sp 1) pointed out, Frailty with functional decline frequently forms a part of the ageing process. It's an intrusive fact in societies based on individual performance and active ageing. In particular those living independent at home are therefore of interest with regard to accessibility, prevention, rehabilitation and their ways of responding productively to functional decline and multimorbidity.

LUCAS subproject 5 collected data on the circumstances, handling and course of the frail syndrome during 104 home-visits and more than 700 Mini Nutritional Assessments of care recipients. These investigations provided detailed cross-sectional information which completed the monitoring of the LUCAS longitudinal cohort. They helped to shed light on factors influencing the cascades of the frailty process and on early-detection criteria (for example "unintentional weight loss").

It has tested adequate assessment-tools (Mini Nutritional Assessment) in various life-circumstances; it examined the impact, the context and enhancement of nutritional habits and status (sarcopenia) in two subgroups: community-dwelling elderly people developing frailty and frail elderly, living in residential homes. Subproject 5 for example started a pilot-study of the impact of nutrition-related experiences during lifetime on actual nutrition-habits of nursing-home residents.

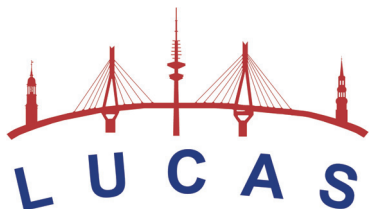
Undertaking preventive home visits subproject 5 examined access to frail elderly (the main object of a Randomised Controlled Trial in LUCAS-funding-phase 2, 2011-2013); it explored self-related (for example vita-based), social and urban resources and strategies of coping for maintaining independence and last but not least limits of mobility and successful ageing (intrusive pain!) and the need of professional low threshold (advisory) services and professional therapeutic interventions of frail elderly.

A realistic role model is formed as a basis for advisory material and guidelines for frail-elderly people and different actors in the urban formal and informal ageing, health and care networks – dispelling stereotypes that the only life worth living in old age is one of robust physical health.

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Funding: Bundesministerium für Bildung und Forschung (BMBF)
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BMBF Förderkennzeichen LUCAS-Verbund 01ET1002A-D

Hamburgische Pflegegesellschaft (HPG) (01ET1002D)

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Summary of the second funding period 01 January 2011 – 31 January 2014

Subproject 7b (5):

Handling frailty-efficacy of preventive home visits for independent living functional decliners.

Background: The comprehension, early detection and ambulant support of still independent living but frail elderly are may be an important aspect of the demographic change. There is a controversial discussion of preventive home visits for elderly with regard to the target group, the accessibility and the efficacy.

Intention: Main object of this study was the examination of the accessibility and the efficacy of a geriatric home visits for functional decliners.

Methods: Investigation focused on a randomized controlled Trial (RCT) for independent living frail elderly (n=553), classified – out of respect for age - by the LUCAS-Screening. All persons randomized were allocated to intention-to-treat (n=174) or to control (n=379) in 1:2 ratio. The size of the treatment group with home visits according to study protocol was n=64. All persons randomized and assessed at baseline 2007/08 (second LUCAS-wave) were assessed again in the 4-year-follow-up 2011/12. Non-participants were observed retrospectively at baseline. Main outcome criteria inter alia were: death, need of care, self-perceived health and chronic pain.

Results: At baseline all randomized or recruited groups presented largely coincident characteristics and criteria. Up to now the efficacy of the intervention could not be demonstrated. Further analyses shall check these results. Investigation provided knowledge about the drive of the frailty-crisis and – may be connected with it - about the acceptance of preventive home visits.

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