Translating Research in Practice
Policy Roundtable

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Aims of the morning session

- Researcher updates on key findings
- Discussion and agreement on best bets / best buys in fall prevention

- Implementation perspectives
  - Barriers and facilitators
  - Successes
  - Costs and cost effectiveness
The evidence base – falls publications p/a

Source - Medline
Gold bar evidence scale

- One good quality RCT
- At least two good quality RCTs,
  - little inconsistency
- Multiple RCTs and/or systematic reviews
  - little inconsistency
### Falls prevention – what works (1)

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Effectiveness</th>
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<tbody>
<tr>
<td>High level balance exercise in group or home settings (functional balance exercises, Otago, Tai Chi)</td>
<td><img src="gold.png" alt="Effectiveness" /></td>
</tr>
<tr>
<td>Occupational therapy interventions (home safety modifications in association with transfer training and education) in high risk populations</td>
<td><img src="gold.png" alt="Effectiveness" /></td>
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<td>Expedited cataract surgery</td>
<td><img src="gold.png" alt="Effectiveness" /></td>
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<td>Restriction of multifocal glasses use in older people who take part in regular outdoor activity</td>
<td><img src="gold.png" alt="Effectiveness" /></td>
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<td>Pharmacist-led education and GP medication review</td>
<td><img src="gold.png" alt="Effectiveness" /></td>
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<tr>
<td>Podiatry intervention in people with disabling foot pain</td>
<td><img src="gold.png" alt="Effectiveness" /></td>
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Falls prevention – what works (2)

<table>
<thead>
<tr>
<th>Prevention Strategy</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>Withdrawal of psychoactive medications</td>
<td>4</td>
</tr>
<tr>
<td>Intensive multidisciplinary assessment of high risk populations</td>
<td>4</td>
</tr>
<tr>
<td>Intensive interventions in hospitals</td>
<td>4</td>
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<tr>
<td>Comprehensive geriatric assessment in residential aged care</td>
<td>4</td>
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<tr>
<td>Vitamin D supplementation in residential aged care</td>
<td>3</td>
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<tr>
<td>Medication review in residential aged care</td>
<td>3</td>
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</tbody>
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What doesn’t appear to work

- Updating glasses (increases fall risk?)
- Multifocal glasses restriction in inactive older people
- Brisk walking (increases fall risk?)
- Otago exercise program in people < 80, with visual impairment or taking psychoactive drugs
- Tai Chi in frail older people?
- Gentle and seated exercise
- Sloppy slippers campaigns
- Stand alone home modifications
- Stand alone education programs
- Low intensity interventions in hospitals and residential aged care
- Falls prevention in the cognitively impaired
- Multi-factorial interventions reliant on referrals
Discussion
General issues

- Need to focus on multiple outcomes such as quality of life, physical activity and independence as well as falls
- Integration of interventions into person centred care
- Need for social marketing
Exercise

- Need not to dilute message and maintain the emphasis on balance training and long-term adherence
- Incorporate fall prevention exercises into the general activities of older people
- The need for continuing education, accreditation and subsidies for accredited leaders as key steps for increasing the reach and effectiveness of exercise programs
- Need to evaluate efficacy of dancing (an important activity of some CALD communities) and lawn bowls
Multidisciplinary assessment and multifactorial interventions

- Important to have pathways that can be followed including alternatives when there is limited or no access to the service type required
- Recommendations need to fit with existing infrastructure
- Determine how large the waiting lists for cataract surgery are in a range of geographical locations
Involving GPs

- Integration of falls prevention into the Chronic Diseases program was discussed as one mechanism to engage GPs
- Presenting fall prevention research findings at forums that GPs attend
- Gaining a better understanding of GP networks
- Looking at new models of working with GPs - guides available for working with GPs and there is training available
Important questions

- What are the next strategies for increasing awareness of the risk of falls posed by wearing multifocal glasses?
- Should the RCT that evaluated whether updating spectacles can prevent falls be repeated? (existing trial indicated that this strategy increases fall risk)
- What is the best mechanism for increasing vitamin D supplementation in people living in residential aged care facilities?
- What is the best mechanism for incorporating foot and ankle exercises into existing exercise programs?
Important questions

- Service Design – what does a good service look like, what are the essential components?
- Design of a virtual service for Rural Areas
- The cost and convenience of incorporating balance training exercise Heart moves and Chronic Disease Programs
- Psychotropic Medication (withdrawal) - more evidence is required, how can this be sustained?
Implementation issues

A number of barriers were discussed. These included:

- cost of delivery of falls prevention interventions
- cost benefit of services, insufficient studies to inform decisions involving implementation
- the need for costings that can be provided to bureaucrats (1 page summary)
- need for an agreed standard approach to economic evaluation inc. use of the Drummond checklist
Summary - research

- There is strong evidence that specific intervention strategies can prevent falls
- It is not a one size fits all solution - What works in one group may not work in another
- Research is a work in progress: absence of evidence ≠ evidence of absence
Summary - Implementation

- Great value in having researchers interact with policy makers
- Key questions raised and discussed: simple through to complex in their implications
- Next steps:
  - Fact finding
  - Implementation research – model studies
  - Lobbying
  - Policy changes (with associated funding)