Minimising disability and falls in older people through a post-hospital exercise program: a protocol for a randomised controlled trial and economic evaluation

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RCT overview

• recruitment from 4 Sydney hospitals
• aged 60+, MMSE ≥ 24, living at home or hostel
• home-based intervention after usual care
• 12-month follow-up for falls and disability
First 103 participants randomised to intervention

- Included: 93
- Deceased: 6
- Did not start due to health issues: 4

Legend:
- Included
- Deceased
- Did not start due to health issues
12 month intervention schedule

Month

1  2  3  4  5  6  7  8  9  10  11  12

HV 1-3  HV 6  Ph 1  Ph 2  Ph 3  Ph 4  Ph 5

HV 4-5  HV 7  HV 8  HV 9  HV 10
WEBB program
Weight bearing
Exercise for
Better
Balance

www.webb.org.au
Balance Exercises

• reducing base of support in standing & walking
• side stepping, stepping over obstacles, heel toe walking etc
Strength Exercises

• Sit to stand, step ups, heel raises etc using weight belts/vests as able
Strategies used to improve adherence

• negotiating - program tailored to suit physical ability and willingness to participate
• visual cue – exercise folder as reminder
• completion of exercise diary
• exercise time in daily routine
• newsletter
• ongoing encouragement
Agreed dose of intervention

- Average number of exercises per session = 4.8
  SD = 2.2

- Average repetitions per session = 74.5
  SD = 56.8
Agreed and completed sessions per week

Sessions per week

- 1st visit
- 3 mth visit
- 8 mth visit
- 12 mth visit

- Agreed
- Completed
Categories of potential exercisers

Always

Maybes

Nevers
Rate of adherence across participants

- 81-100% adherence: 51%
- 51-80% adherence: 22%
- 11-50% adherence: 24%
- 0-10% adherence: 3%
Conclusion

• Most participants continued to exercise despite the challenges of health issues and major life changes.

• This home program was longer than those currently available in most health areas.

• Results of this RCT will indicate the effectiveness & cost effectiveness of this program and provide recommendations for health service planning.
Acknowledgements

• All study participants

• National Health and Medical Research Council

• All investigators and staff

Assoc Prof Catherine Sherrington
Prof Stephen R Lord
Dr Constance M Vogler
Assoc Prof Jacqueline CT Close
Assoc Prof Kirsten Howard
Assoc Prof Catherine M Dean
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