

DIFRID Newsletter

Developing an Intervention for Fall-Related Injuries in Dementia

Issue 1, Autumn 2016

Welcome to our first newsletter!

Why are we doing this study?

Between 47-90% of people with dementia (PWD) fall at least once a year (almost 10 times more often than controls). After a fall, PWD are less likely to recover well, more likely to be hospitalised, and are more likely to require increased care. We currently know little about the care received by these patients. A successful intervention may help to maximise physical recovery which may in turn help PWD to maintain their independence.

Who is doing the study?

This study is being conducted by a multi-disciplinary research team based at Newcastle University and the University of East Anglia.

Overview of the study

The overall aim is to assess through a series of 4 work packages whether it is possible to design a complex intervention to improve the outcome of fall-related injuries in people with dementia living in their own homes.

Work package 1: Literature reviews

What does the literature already tell us about what works?

Work package 2: Understanding current practice

- 2.1 Interviews and focus groups with professionals about their ideas for a new intervention
- 2.2 Observations of PWD who are already receiving services after a fall
- 2.3 Diary study: we will ask 60 people to keep a diary about what happens to them after a fall and ask them what might improve things for them

Work package 3: Intervention development and validation

We will ask an expert group to review WP1 and 2 to help us design a new intervention

Work package 4: Pilot implementation of intervention with 45 people

Progress so far

We have completed the initial literature review and WP2.1. WP 2.2 is being analysed and we are now recruiting to the diary study.

The Team

A core team of staff at Newcastle University work on DIFRID:

Dr Louise Allan (Clinical Senior Lecturer/Consultant)

- Principal Investigator

Claire Bamford (Senior Research Associate)

- Qualitative lead

Fiona Beyer (Research Associate)

- Contributing to the systematic reviews

Beth Edgar (Research Support Secretary)

- DIFRID Secretary

Dr Lesley Hall (Senior Trials Manager)

- Senior Trials Manager

Tara Homer (Research Associate)

- Health Economist

Shannon Robalino (Information Specialist)

- Information specialist

Caroline Shaw (Research Associate)

- Qualitative researcher

Alison Wheatley (Research Associate)

- Qualitative researcher

In addition there are Co-Investigators and Collaborators, a Trial Steering Committee which provides independent supervision of the trial and there is Patient and Public Involvement (PPI) in the research.



**National Institute for
Health Research**

WP1: Effectiveness of interventions aimed at improving physical and psychological outcomes of fall-related injuries in people with dementia: a narrative synthesis

Plain Language Summary

People with dementia are more likely to fall and have more difficulty recovering than people without dementia. We are designing a new way of caring for people with dementia with fall-related injuries and so we wanted to see if anyone else had come up with any ideas. To do this, we searched for and compared research studies.

Our results were:

- New treatments provided in hospital by a team of healthcare professionals worked better
- Any health improvements were not long-lasting
- The earlier patients were walking after a fall, the sooner they could go home
- The studies were hard to compare, so we cannot draw firm conclusions

We will now use this knowledge to help us develop a new way of caring for people with dementia with fall-related injuries.

WP2.1: Professional views of existing services and the perceived value, content and delivery of a new intervention for fall-related injuries in dementia

Plain Language Summary of report

People with dementia fall more often and have more difficulty recovering than other older people. We talked to healthcare professionals to explore their ideas for improving patient care.

Their suggestions included:

1. ensuring that care is tailored to the individual;
2. treating people with dementia at home;
3. improving links between existing services;
4. training staff on how best to help people with dementia;
5. advising carers on how best to help a person with dementia after a fall.

We are now observing existing services and talking to people with dementia and carers to identify other ways of improving things. We will then use these ideas to develop a new way of caring for people with dementia who have had a fall.

A note from the Louise Allan, PI

Many thanks to everyone who took part in our interviews and focus groups for work package 2.1 and the observations for WP2.2. We are now recruiting to the diary study in A&E, the ambulance service and primary care. Please do refer as many people as possible to the study as you can.

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