

DIFRID Newsletter

Developing an Intervention for Fall-Related Injuries in Dementia

Issue 2, Spring 2017

Since our last newsletter we have been very busy with the observational studies which are part of our second work package.

The qualitative team have been observing existing services for people with dementia who have had a fall and also talked to people with dementia and their carers about the services they receive. For a summary of the findings see overleaf.

We have also been measuring the number of people with dementia who present to medical services with a fall related injury in 3 different hospitals over a period of 6 months. In total 262 people were found to have fallen and injured themselves. Most of them presented via the emergency department. This means that in each hospital about 15 people per month could benefit from the intervention we are designing. This intervention is being developed with the help of a consensus panel of experts and we are planning to start testing the intervention in November this year.

We have also been continuing to look at previous studies in the literature about services for people with dementia who fall – this is our realist review. For a summary of the work so far see overleaf.

"I think the time aspect is the main thing, because sometimes you've just got to figure out, for that patient, what's going to work. And sometimes that can take a few sessions really, before you actually get into the actual rehab bit"



Summary of Consensus Panel

The first expert consensus panel meeting was held on the 28th of March at Newcastle University. Academics and health and social care professionals from a range of services were invited to attend. Throughout the morning, the project team presented data from the study so far. This included summaries of reviews of past studies, the findings from interviews and observation with patients, carers and professionals, and a report on progress with the diary study. In the afternoon, attendees were divided into groups and invited to discuss the information that had been presented. Discussion topics included the feasibility of testing the new intervention for people with dementia with fall-related injuries, as well as the potential content and the outcome measures of the intervention.

After the meeting, we devised a set of questions with options for the intervention and presented it to the panel as an online survey. We are using the Delphi method, which is designed to help reach a consensus among a group of experts. Further rounds of questions will be needed to obtain consensus on all aspects of the intervention.

We will use the opinions of the consensus panel to create a draft version of an intervention. We will then seek feedback on the intervention from patients, carers and professionals who have taken part in the study so far.



NHS
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Recognising and facilitating the rehabilitation potential of people with dementia: Interim report of qualitative work

We want to find a way of caring for people with dementia after a fall that will give them a better chance of making a good recovery. We have been gathering information about what currently happens so that we know what is working and what needs to be improved. We found four main areas that the new service should focus on:

- Designing the service in a way that helps support people with dementia, including making clearer links between different services
- Making sure that staff have the knowledge and skills to best help people with dementia
- Finding ways to encourage people with dementia to take part in the service
- Helping to support carers for people with dementia

We will now use these findings to help us design the new service.

DIFRID Realist Review Preliminary Report

Our previous work shows that a new service for people with dementia who fall is needed. For this review, we looked again at past studies. We were looking for suggestions for how the new service should work.

The suggestions were:

- Assess all aspects of a person with dementia's health, not just their dementia
- Make use of all sources of information, including carers
- Design exercise programmes to fit with the current routines and preferences of people with dementia
- Pay attention to basic needs such as food and drink, comfort and pain relief
- Help carers with their burden and stress
- Use teams of staff with different specialities and expertise
- Train staff to help them give appropriate care to people with dementia

We will continue to gather suggestions by looking at new literature, new data collected for the DIFRID study, and discussions with members of the consensus panel.

A note from the Louise Allan, PI

Thanks to everyone who has participated in work packages 1 and 2.

We would now be very grateful for your input into work package 3 as we ask for your views on the design of our intervention. Your view counts so please do participate!

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