

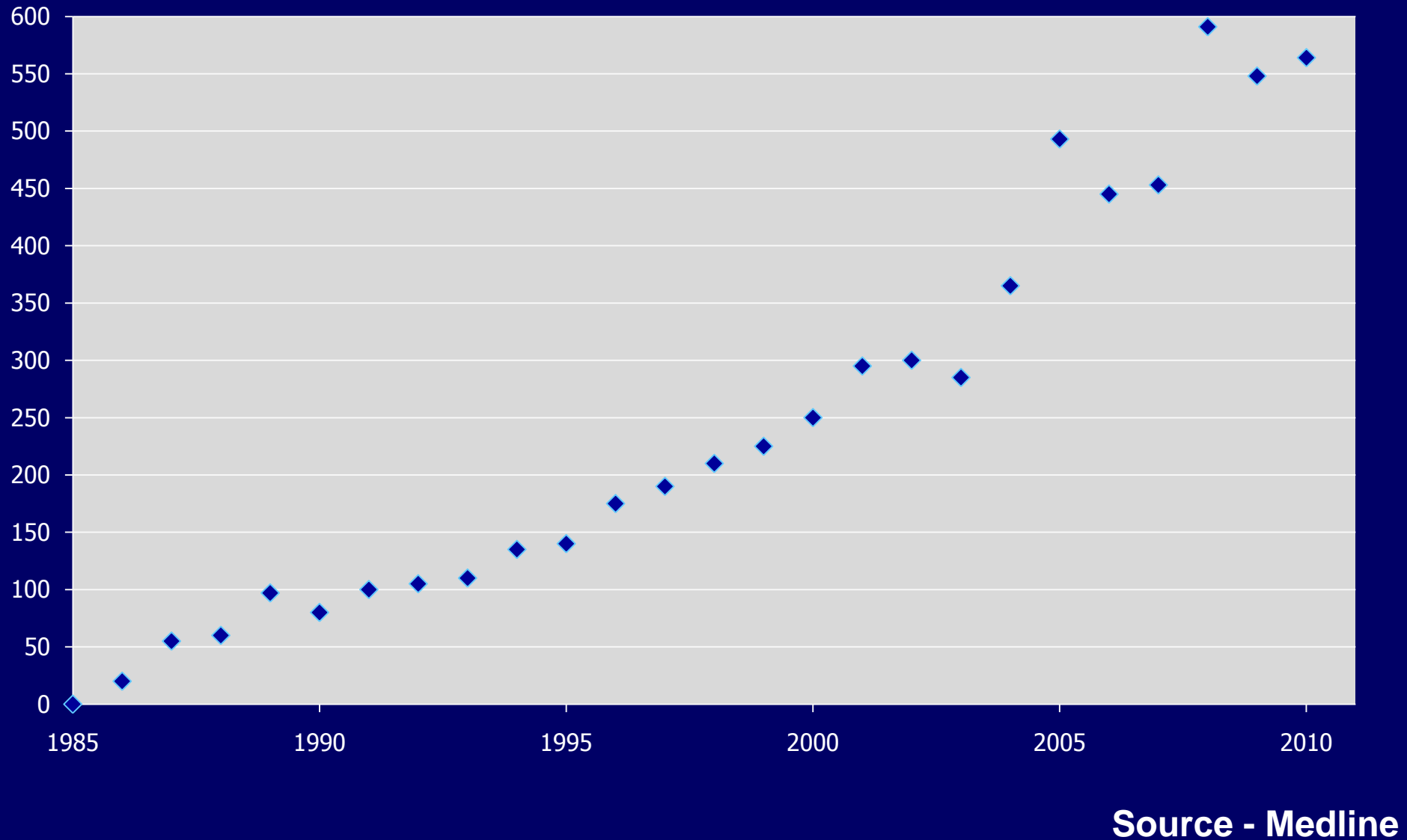
Translating Research in Practice Policy Roundtable

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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



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)

High level balance exercise in group or home settings (functional balance exercises, Otago, Tai Chi)	
Occupational therapy interventions (home safety modifications in association with transfer training and education) in high risk populations	
Expedited cataract surgery	
Restriction of multifocal glasses use in older people who take part in regular outdoor activity	
Pharmacist-led education and GP medication review	
Podiatry intervention in people with disabling foot pain	

Falls prevention – what works (2)

Withdrawal of psychoactive medications	
Intensive multidisciplinary assessment of high risk populations	
Intensive interventions in hospitals	
Comprehensive geriatric assessment in residential aged care	
Vitamin D supplementation in residential aged care	
Medication review in residential aged care	

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 \neq 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)