

Which is more effective at reducing falls and improving quality of life in older fallers? Domiciliary versus centre-based rehabilitation

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Background: Accidental falls are a common and dangerous problem amongst community-dwelling older adults. Several interventions have been shown to be effective for reducing falls in this population, however, little investigation has focused on how such interventions can most optimally be provided.

Aim: This paper presents results from a RCT of the effects of two falls prevention programs on falls rates, HRQOL, activity levels, physical status and depression.

Method: Both domiciliary and centre-based programs consisted of similar content and duration of intervention. Measures were taken at initial assessment and two follow up points – after an 8 week program and again at 6 months after initial assessment.

Results: Fall rates for participants in the centre-based group were significantly lower than those in the domiciliary group [incidence rate ratio (95% CI): 0.46 (0.22, 0.96)], as was the proportion of participants who were fallers [odds ratio (95% CI): 0.31 (0.14, 0.72)]. Non-significant trends for difference in health-related quality-of-life were also apparent.

Conclusion: This research demonstrates that delivering a similar service in different settings – home based or centre based has implications for the effectiveness of the service. Centre-based therapy should be provided in preference to domiciliary therapy where patients could potentially access either.