RCT of Specialist Geriatric Medical Assessment for High Risk Patients Discharged From Hospital Acute Medical Units

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Introduction
Many older people presenting to Acute Medical Units are discharged after only a short stay (< 72 hours)

Many re-present to hospital or die within 1 year

Specialist geriatric medical management may improve health outcomes for older patients identified as being at high risk of readmission, functional decline or death

The objective was to evaluate the effect of geriatrician input on the outcomes of high risk older people discharged from acute medical assessment units

Method
Patients aged >/=70, discharged from two UK AMUs Scoring >/=2 on the Identification of Seniors at Risk tool Randomised to receive specialist geriatric medical assessment23 and after care, or usual care Follow up by postal questionnaire 90 days after randomisation Outcomes included days at home, mortality, institutionalisation, dependency in activities of daily living (ADL), mental well-being, quality of life and falls

Baseline
Demographics
Psychological well
Cognitive function: Folstein Mini
Advance care planning; liaison with primary care;
Primary outcome: days at home
mortality (6% control v 7% intervention)
ISAR score
Health conditions: presenting problems, co
mean days at home (80.2 days control v 79.7 days
Review of diagnoses and medication
proportion of participants who fell at 90 days (43%
quality of life (mean EQ5D: 0.45, SD 0.32 both groups,
Personal activities of daily living (ADL): Barthel ADL
proportion moving to care homes (3% both groups)

Results
Groups were well matched for baseline characteristics Withdrawal rates were similar in both groups (5%) At 90 days there were no significant differences in:
- mean days at home (80.2 days control v 79.7 days intervention, CI -4.6 to 3.6)
- mortality (6% control v 7% intervention)
- proportion moving to care homes (3% both groups)

There were no differences in:
- dependency in ADL (median Barthel ADL: 16, IQR 11 to 19 in each group, n=313)
- psychological well-being (median GHQ12: control - 12.5, IQR 9 to 17 intervention, n=267)
- quality of life (mean EQ5D: 0.45, SD 0.32 both groups, n=285)
- proportion of participants who fell at 90 days (43% control v 41% intervention n=311)

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Conclusions
This specialist geriatric medical input to at-risk patients discharged from AMUs made no difference to measures of:
- days at home
- mortality
- institutionalisation
- dependency in ADL
- psychological well-being
- quality of life
- proportion of participants with a fall during the follow-up period

References
1 McCusker et al. 1999. Detection of older people at increased risk of adverse health outcomes after an emergency visit: the ISAR screening tool. Journal of American Geriatrics Society, 47(10), 1229-1237