

# Review of home care visits for the elderly finds there is 'no proven benefit'

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In what's thought to be the biggest review of academic literature into whether home care visits provide benefits for the elderly, researchers conclude there is 'no consistent evidence' to show they lead to the elderly living longer or having more independent lives than those without any visits. Researchers from University College London (UCL) and the University of Oxford analysed 64 randomised controlled trials (RCTs), mainly in the United States, Canada and the UK. They say that they cannot rule out the possibility that some programmes involving home care visits may be effective, but neither is there significant evidence of benefit. In the journal, *PLOS ONE*, the authors conclude therefore that they cannot support government policies that make home care visits widely available to the elderly.

In their review, the researchers argue that lessons need to be learned so that reporting of future [trials](#) is improved. Where programmes were found to be ineffective, there was not enough information in the reports to say if the problem lay in the home visiting programmes not being properly implemented, say the authors.

The researchers examined trials spanning the last 20 years, which involved a total of almost 29,000 people aged over 65 who were living independently. The studies investigated cases where the [elderly](#) received home care visits from health or social care professionals (outside of the care provided after hospital discharge). Across all the trials, they looked at the effect of home care visits on mortality rates, falls, the risks of injury and illness, rates of hospitalisation or institutionalisation, and the

overall quality of life. The review examined both the trials that focused solely on home care visits and trials where [home visits](#) were just one part of a wider programme type, such as exercise sessions, assessments by medical professionals, or assistance with hazards around the home.

Lead author Dr Evan Mayo-Wilson is now at the Johns Hopkins Bloomberg School of Public Health in the US, but did the research for the review while he was in the UK at the University of Oxford and later UCL. He said: 'Despite the large number of [randomised controlled trials](#) investigating whether home care visits actually deliver measurable benefits, the evidence amassed over the last 20 years gives us an incomplete picture. As such, this review cannot support the policy of home care visits for the elderly.'

'Any further research setting out to investigate the value of home visits would need to be conducted on a very large scale, and this review underlines how important it is to ensure that such trials are properly reported with methods clearly explained. Given so much time and effort appears to have been spent on this area of research already, any researcher wanting to carry out further investigations in this area would need to justify any further expense.'

Professor Paul Montgomery from the University of Oxford said: 'Our study suggests that [elderly people](#) with home care visits don't live any longer than elderly people without this form of support. We found that other indicators, such as hospitalisation and institutionalisation, also suggest there is no advantage to having home visits, however, poor reporting obscures the evidence on these outcomes. '

Sean Grant, from the University of Oxford's Centre for Evidence-Based Intervention, said: 'We are not saying that those people currently getting home care visits should have this service withdrawn. This review is pointing out that despite home care visits being available to the elderly in

many countries, there is no robust, consistent evidence to show they provide any benefit to the elderly that we can measure. It is possible that some programmes may provide some benefit. In the light of this review, however, policy-makers, professionals and families should carefully consider the alternatives when making decisions about effective means of support for the elderly in the community.'

The review says many of the RCTs studied did not clearly report what specific assistance was provided within the larger programmes, and provided limited information about what might have worked and what did not work within the programmes. The study finds that the quality of evidence from the RCTs is variable.

Some elements within the different programmes for the elderly might help some of them, says the review. For example, it finds evidence to suggest that home care visits could reduce the risk of falls, but there was scant reporting of whether the elderly stuck to the guidance given or whether they also used other services.

The review suggests that any future RCTs need to provide more detailed information, such as why the elderly needed home care visits, how many home care visits they actually received, and the characteristics of the elderly recipients of [home care](#) visits and the professionals delivering the care.

**More information:** 'Preventive home visits for mortality, morbidity, and institutionalization in older adults: A systematic review and meta-analysis' by Evan Mayo-Wilson et al will be published by PLOS ONE until 5pm 12 March 2014. [dx.plos.org/10.1371/journal.pone.0089257](https://doi.org/10.1371/journal.pone.0089257).

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