

# Do proactive primary health-care programs preserve functioning for older adults?

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The population of older adults with complex health needs is growing, and caring for those needs is a challenge primary care providers face. Scientists around the world are researching ways to meet the demand.

Recently, a team of experts from the Netherlands published a related study in the *Journal of the American Geriatrics Society*. They noted that, in their country, the number of primary care visits people make increases from more than four per year for people under the age of 60 to more than six per year for people between the ages of 60 and 75. In the Netherlands, people over the age of 75 see their primary care doctors 10 or more times a year.

The researchers said that older adults tend to see their doctors only when a health problem occurs. They also note that people with complex health problems may experience a lack of care coordination (a term used to describe looking at your health and well-being as a whole and trying to make sure you, your healthcare providers, and others can see the "big picture" over time). These older adults also can have a poorer quality of life and higher healthcare expenses because they are at higher risk for suffering serious but potentially preventable health problems.

The research team decided to create a study to see whether or not a personalized primary care program for frail [older adults](#) might improve quality of life and daily functioning.

To test their theory, the researchers used electronic medical records to

identify people 60-years-old and older who were at risk for frailty, who took more than five medications, or who hadn't seen their primary care provider in three years. In total, 3,092 people participated in the study, which had three different groups so researchers could compare treatments:

- Patients in the first group were screened based on routine healthcare information to determine their risk for frailty. Next, these patients received standard healthcare from their primary care provider.
- Patients in the second group were also assessed for frailty, and then received personalized care from specially trained nurse practitioners, who then coordinated their healthcare.
- People in the third group were the control group. They weren't screened for frailty and they received their usual healthcare.

The researchers suspected that the comprehensive frailty assessment, followed by personalized care from a nurse practitioner, would result in better outcomes for the participants.

After six months, the people in all three groups scored about the same on health assessment tests. After a year, people in the first two treatment groups experienced fewer problems with their daily functioning compared to people in the control group.

The researchers noted that people who had higher levels of education and received personalized [primary care](#) were able to function better than people in the other groups. However, the researchers said that more studies will be needed to see if the results remain the same in larger populations.

**More information:** Nienke Bleijenberg et al, Effectiveness of a Proactive Primary Care Program on Preserving Daily Functioning of

Older People: A Cluster Randomized Controlled Trial, *Journal of the American Geriatrics Society* (2016). [DOI: 10.1111/jgs.14325](https://doi.org/10.1111/jgs.14325)

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