

Trial results show that 'health risk assessment' benefits non-disabled elderly people

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Implementation of a collaborative care model among community-dwelling older people using a health risk assessment instrument resulted in better health behaviors and increased use of preventative care, according to a study published this week in *PLOS Medicine*. The trial, conducted by Andreas Stuck from the University Hospital Bern and University of Bern, Switzerland, and colleagues, demonstrated improved 8-year survival among recipients of the intervention.

In almost every country, the over-60 age group is growing faster than any other age group. Programs that encourage a healthy lifestyle and the uptake of [preventative care](#) among older people are a health policy priority. In this pragmatic trial, Stuck and colleagues found that [health risk assessment](#) by self-administered questionnaire combined with two years of personal reinforcement by specially trained counselors was effective in reducing the average participant's number of risk factors and preventative care deficits. For example, at the 2-year follow-up, 70% of the intervention group were physically active compared to 62% of the control group (Odds Ratio 1.43 (95% CI 1.16-1.77, $p = 0.001$), and 66% of the intervention group had had an influenza vaccination that year compared to 59% of the control group (OR 1.35 (95% CI 1.09-1.66, $p = 0.005$)). Over the 8-year follow-up, the mortality rate was 3.16 (95% CI 2.74-3.63) per 100 person-years in the intervention group, as compared to 3.97 (95% CI 3.59-4.39) in the control group (Hazard Ratio 0.79 (95% CI 0.66-0.94, $p = 0.009$)). Stuck and colleagues calculated that, to

avert one death over eight years, 21 individuals would need to receive the intervention.

Certain aspects of the trial design may limit the interpretation of these findings. Some participants may have given socially desirable answers on questionnaires, the study was undertaken at a single site, and long-term follow-up information was limited to survival. Overall, however, these findings suggest that the use of regionally adapted approaches for health risk assessment combined with individual counseling might be an effective and relatively low-cost way to improve health and survival among non-disabled older people. The authors state, "Our study may also serve as a model for low- and middle-income countries, given the importance of the demographic challenge of rapidly growing populations of older individuals in these countries."

More information: Stuck AE, Moser A, Morf U, Wirz U, Wyser J, Gillmann G, et al. (2015) Effect of Health Risk Assessment and Counselling on Health Behaviour and Survival in Older People: A Pragmatic Randomised Trial. *PLoS Med* 12(10): e1001889. [DOI: 10.1371/journal.pmed.1001889](https://doi.org/10.1371/journal.pmed.1001889)

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