

Health-promoting intervention for community-dwelling older adults Focusing on the concept of frailty and intervention outcome

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- I. Gustafsson S, Edberg A-K, Johansson B, Dahlin-Ivanoff S.
Multi-component health promotion and disease prevention for community-dwelling frail elderly persons: a systematic review.
Eur J Aging 2009; 6:315-29.
- II. Gustafsson S, Edberg A-K, Dahlin-Ivanoff S.
Swedish Health Care Professionals' View of Frailty in Older Persons.
J Applied Gerontol 2011; Feb 7 [epub ahead print].
- III. Gustafsson S, Wilhelmson K, Eklund K, Gosman-Hedström G, Zidén L, Hägglom Kronlöf G, Højgaard B, Slinde F, Rothenberg E, Landahl S, Dahlin-Ivanoff S.
Health-Promoting Interventions for Persons Aged 80 and Older are Successful in the Short Term – Results from the Randomized and Three-Armed Elderly Persons in the Risk Zone Study.
Accepted for publication in J Am Geriatr Soc Nov 2011.
- IV. Gustafsson S, Eklund K, Wilhelmson K, Edberg A-K, Johansson B, Hägglom Kronlöf G, Gosman-Hedström G, Dahlin-Ivanoff S.
Long Term Outcome for Independence and Perceived Security in ADL following Interventions in the Health-Promoting, Randomized, and Three-Armed Study Elderly Persons in the Risk Zone.
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ABSTRACT

Aim: The overall aim of this thesis was to increase our understanding of the concept of frailty in relation to older adults, and to review and evaluate outcomes in health-promoting interventions for community-dwelling older adults. **Methods:** In study I, definitions of frailty applied in, the content and organisation in, and the effects of, health-promoting interventions for community-dwelling frail older persons were systematically reviewed using the International Classification of Functioning Disability and Health (ICF) as a structural framework. In study II, healthcare professionals' views of frailty in older persons were elucidated by means of focus group discussions. In studies III and IV, the outcome for frailty, self-rated health (SRH), independence and perceived security in activities of daily living (ADL) in the randomized controlled trial *Elderly Persons in the Risk Zone* was evaluated using quantitative analyses. The study addressed, and was tailored for, community-dwelling older adults (80+) at risk of becoming frail, and consisted of two interventions: a preventive home visit and four multiprofessional senior group meetings with one follow-up home visit, plus a control group. **Results:** Diverse definitions of frailty were used in studies of health-promoting interventions for community-dwelling frail older persons; they contained a broad spectrum of interventions and were partially effective. Healthcare professionals viewed frailty in older persons as a complex concept founded on seven dimensions: "being bodily weak and ill", "being negatively influenced by personal qualities", "lacking balance in everyday activities", "being dependent in everyday life", "not being considered important", "being hindered by the physical milieu and defective community service", and "having an inadequate social network". Both interventions in *Elderly Persons in the Risk Zone* delayed deterioration of SRH in the short term and reduced the extent of dependence in ADL for a period of up to one year. The senior meetings were found to be the most beneficial intervention since they both postponed dependence in ADL during the period up to the one-year follow-up and reduced the extent of dependence in ADL for a period of up to two years. No effect on frailty or perceived security in ADL could be demonstrated. **Conclusion:** The definition of frailty varies according to the different paradigms of the users. This underlines the importance of having clear definitions of frailty in all contexts, especially in research and in health promotion. Health-promoting interventions, made when older adults are at risk of becoming frail, can delay deterioration of SRH in the short term and dependence in ADL both in the short and the long term. Also, senior meetings seem to have a greater impact on delaying deterioration and reducing the extent of dependence in ADL than a single preventive home visit. This demonstrates the potential in *Elderly Persons in the Risk Zone* and the importance of further evaluation of outcome in, and development of, this promising health-promoting intervention.

Keywords: Aged 80 and over, frail elderly, health promotion, self-rated health, activities of daily living (ADL), review, International Classification of Functioning Disability and Health (ICF), focus groups, randomized controlled trial

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