Title of Intervention: Prevention of Falls in the Elderly Trial (PROFET)

Intervention Strategies: Individual Education, Supportive Relationships, Environments and Policies

Purpose of the Intervention: To decrease risk of falls

Population: Individuals aged 65 and older

Setting: Health care facility-based, home-based

Partners: None mentioned

Intervention Description:
- Individual Education: Patients who had fallen previously were assigned to the intervention group and underwent a detailed medical and occupational-therapy assessment. The medical assessment was a comprehensive general examination, but also focused on visual acuity, balance, cognition, mood and prescribing practice. Risk factors for falls were identified and modified if possible.
- Supportive Relationships: A single home visit was done by an occupational therapist after the medical assessment.
- Environments and Policies: On completion of a functional assessment, advice and education were given about safety within the house and modifications, such as removal of loose rugs, were made with the participant’s consent.

Theory: Not mentioned

Resources Required:
- Staff/Volunteers: Nurses, occupational therapists
- Training: Not mentioned
- Technology: Not mentioned
- Space: Room to perform medical examination
- Budget: Not mentioned
- Intervention: Medical and occupational-therapy assessment, Barthel index, functional independence and functional assessment measures, falls diaries
- Evaluation: Questionnaire, falls diary

Evaluation:
- Design: Randomized controlled trial
- Methods and Measures:
  - Function was assessed with the Barthel index and supplemented for descriptive purpose only by a modified version of the functional independence and functional assessment measures.
  - Baseline information consisted of detailed history of the fall, any previous falls, concurrent disorders, drug history, functional ability before the fall, cognitive assessment and sociodemographic details.
  - Each patient was given a "falls diary" with 12 monthly sheets to assist with recall of further falls.
  - For one year, information on subsequent falls, fall related injury, details of doctor and hospital visits or admissions and degree of function were requested.

Outcomes:
- Short Term Impact: The rates of admission to the hospital were lower in the intervention group.
- Long Term Impact: The risk of falling was significantly reduced in the intervention group as was the risk of recurrent falls.

Maintenance: Not mentioned

Lessons Learned: An interdisciplinary approach to the high-risk population of people over the age of 65 can significantly decrease the risk of further falls.
Citation(s):