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Is there evidence on effectiveness of preventive interventions in older people?

Professor Kaisu Pitkälä, University of Helsinki & Helsinki University Central Hospital, Helsinki, Finland

Corresponding author: Professor Kaisu Pitkälä, University of Helsinki & Helsinki University Central Hospital, Helsinki, Finland. E-mail: kaisu.pitkala@helsinki.fi

Randomized controlled trial (RCT) is the king of the clinical study designs. This methodology is used to test effectiveness and safety of health care services, treatments, technologies and operations. However, older patients are often excluded from RCTs, especially from drug trials. Anyway, the past decade the evidence has slowly been accumulating and showing that preventive treatments and intervention models are beneficial even for the oldest old. Examples can be found from primary, secondary and tertiary prevention. Examples of primary preventive interventions which are beneficial for all older people irrespective of their age or disabilities are vitamin D, exercise, social activity, cognitive training and support of self-efficacy and mastery. There is evidence for effectiveness in secondary prevention in, e.g., treatment of blood pressure, prevention of falls, etc. A-class evidence of RCTs will be dealt in this presentation.

There are, however, several pitfalls when designing a trial for older patients. One has to think carefully about the target group of intervention: older people are heterogeneous population and not all benefit from all interventions. One also have to think carefully about the definition of risk factors (intervention targets). Geriatric giants can be either target of intervention or outcome measures (e.g. disability, cognitive decline, loneliness, falls and fractures, depression, vascular events). Similar outcome measures to younger populations (such as mortality) may not be relevant for the oldest old. Measures related to quality of life, disability or need for services may be better options when investigating the oldest old.

Money and good planning of trials is still a big issue in geriatric clinical science. Regarding how much money is spend on care and management of older patients, very little is still spent on investigating what kind of preventive interventions help older people to maintain their functioning, cognition and QOL.