“DO HOSPITAL-BASED DECONDITIONING PREVENTION PROGRAMMES WORK?”

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INTRODUCTION

A summary of the best available evidence in relation to the importance and awareness of hospital associated deconditioning (HAD) and barriers associated with hospital-based deconditioning prevention in order to evaluate the effectiveness and feasibility of deconditioning prevention programmes. Additionally, to gather available evidence focused on the implementation of a national programme.

OBJECTIVE

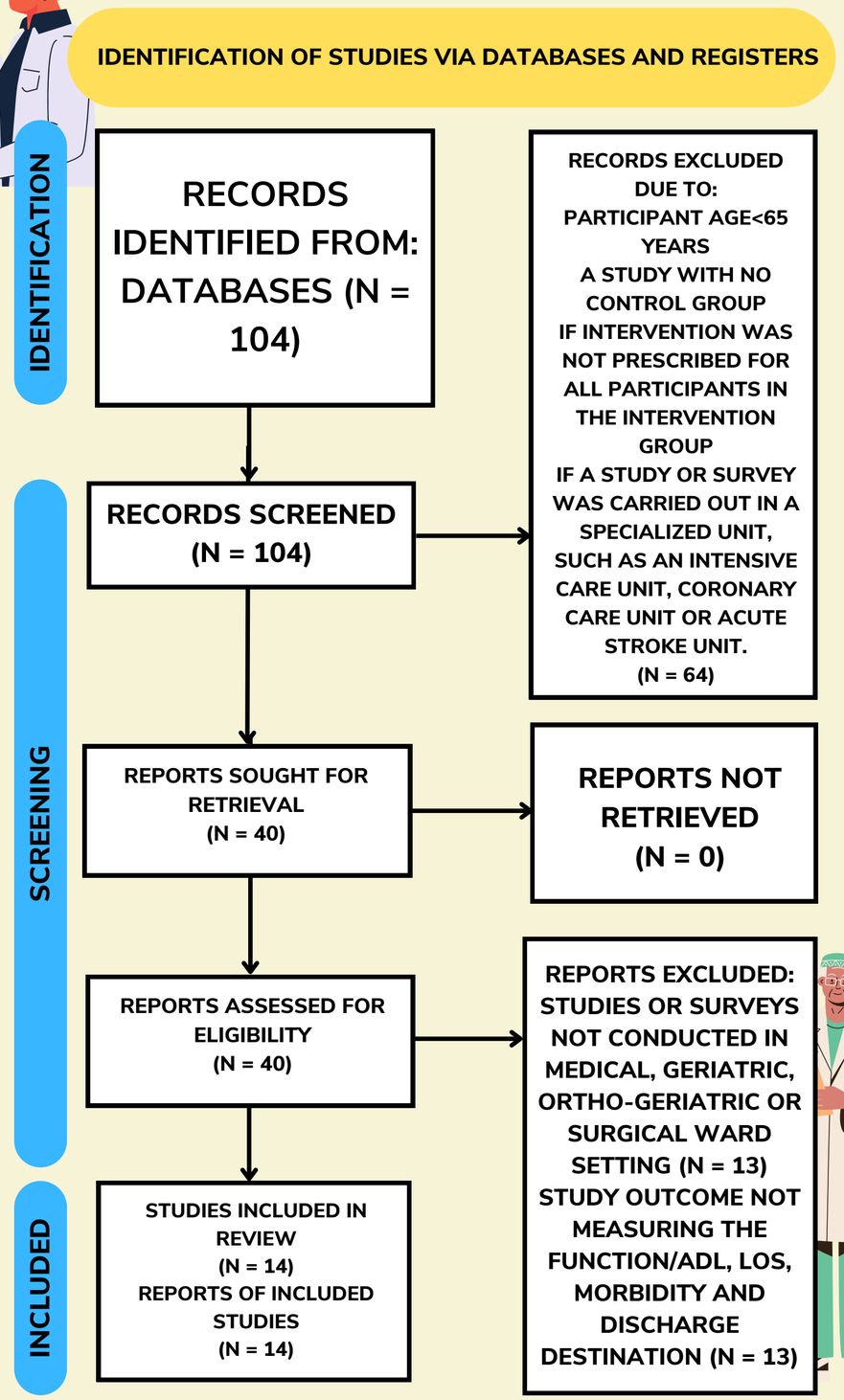
A systematic review conducted to raise importance and awareness to hospital associated deconditioning (HAD), also to identify barriers, effectiveness and feasibility by analysing different sources of reputable information in the hopes of aiding the implementation of a national program

METHODOLOGY

Literature search of Published and unpublished studies and trials were searched using various databases; HDAS (Healthcare Database Advanced Search) databases (OVID platform) Embase, British Nursing Index (BNI) etc. 104 search records were gathered and step by step removal of duplicates and application of inclusion and exclusion criteria was conducted then local studies and trials were prioritized, as the primary objective was to collect evidence for deconditioning prevention programmes, national implementation of a deconditioning prevention programme and evidence for their effectiveness.

RESULTS & CONCLUSION

Two studies focused on the importance of hospital associated deconditioning (HAD), 2 investigated the risk factors of hospital associated deconditioning (HAD): the remaining 10 studies and trials were on deconditioning prevention programmes. The 10 studies and trials focused on deconditioning prevention programmes, and the assessment of knowledge and attitude of staff about deconditioning. This included studies of 3 successful international deconditioning prevention exercise programmes: MOVE-ON; STRIDE, and SPRINT; a trial of a home-based deconditioning prevention programme (Gill et al.) and 6 other studies which have considerable methodological quality. If these 10 studies were grouped together for comparison, they would all provide sufficient evidence that hospital-based deconditioning prevention programmes and community-based deconditioning prevention programmes are both feasible and effective. This review aims to provide an overview of studies and trials, focused on the importance of hospital-associated deconditioning (HAD); awareness of hospital-associated deconditioning and its risk factors; evidence and effectiveness of deconditioning prevention programmes, both local and international. In conclusion it was identified that there was a scarcity of published data on UK based studies and trials on deconditioning prevention programmes. It is evident that the hospital-based deconditioning prevention programmes are feasible and effective: it is also clear that patients are benefiting from these, by retaining or even improving their physical functions.In this review, two cross-sectional studies (Gillis et al and Cheruiyot et al) showed the staff factors involved, such as: lack of staff, lack of awareness and motivation to prevent deconditioning in older patients. Most of all, there is a poor awareness of what kind of professional support is required, and what level of intensity is the most effective and cost effective to achieve benefit. It would be beneficial to introduce deconditioning prevention in the Trust as mandatory training, because deconditioning prevention in older patients is every staff member’s responsibility. The well-coordinated and funded approach could be the key element in the success and sustainability of the Canadian ‘MOVE ON’ programme in comparison to UK deconditioning prevention programmes. The danger for the UK movement is the lack of allocated funds, which makes intervention more difficult and a struggle to sustain. To remedy this, the cost-effectiveness of reconditioning programmes needs to be strongly emphasized to commissioners.



As per PRISMA 2020 guidelines for systematic review, this flowchart illustrates the process which was undertook to select the cases that was analysed after the inclusion/exclusion criteria was taken place and also local studies and trials were prioritized, as the primary objective was to collect evidence for deconditioning prevention programmes, national implementation of a deconditioning prevention programme and evidence for their effectiveness.

RELATED LITERATURE

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