

HIP FRACTURES EVIDENCE TABLES

Table 1: Community fall/hip fracture prevention programmes

Study	Location/Population	Intervention	Results	Economic data
Ytterstadt 1996 ²⁵	Harstad, Norway. 3-year baseline control; 4-year intervention. 22970 person years, aged >65 years. Concurrent reference population in Trondheim, Norway (158911 person years).	Home visit by public health nurse. Promotion of environmental safety. Physical exercise sessions available. Correction of environmental hazards offered. Acceptance rate of visit: 80%.	Non significant overall fall-fracture reduction rate of 9%. ARR 3.4 per 1000 person years (0.034). NNT >30.	None
Poulstrup 2000 ²⁶	Vejle, Denmark. 5 intervention municipalities. 4 control municipalities. 12905 participants 65 years and over.	Information. Home visit with follow-up, health and medication assessment and targeted treatment. Graded process according to age. Acceptance rate: No data.	Non significant overall fall-fracture reduction rate of 14% (95% CI -9 to 37). ARR and NNT not estimable from published data. Non-significant reduction in hip fracture of 43%, (95% CI -2 to 88) ARR and NNT not estimable from published data.	None
Kempton 2000 ²⁷	Northern Rivers Area, New South Wales, Australia. 1992 intervention and 1665 control group subjects >60 years.	'Stay on your feet' 4-year programme for fall avoidance. Awareness raising, community education, policy development, home-hazard reduction, media campaigns, working with health professionals. Acceptance rate: 82% intervention, 72% control.	Non significant 22% reduction in incidence of self-reported falls, and 20% lower fall-related hospitalisation rate. ARR and NNT not estimable from published data.	Overall programme cost only.

Study	Location/Population	Intervention	Results	Economic data
Robertson 2001B ²⁸	Southern New Zealand. 450 women and men aged 79-94 years (120 controls in four centres, 330 intervention in 3 centres).	Home exercise programme supervised by physiotherapists and delivered by nurses who had received a training programme. Acceptance rate 46%.	Significant reduction in number of injurious falls per 100 person years. ARR 0.115 (95%CI 0.074 to 0.156). NNT=9 (95% CI 7 to 14).	Detailed economic evaluation. Mean cost per injurious fall prevented NZ\$3404; mean cost of intervention per fall prevented NZ\$1519 (1998 prices).

Table 2: Fall prevention programmes. RCTs with economic evaluation

Study	Location/Population	Intervention	Results	Economic data
Rizzo 1996 ²⁹	USA. Health Maintenance Organisation. 288 people aged > 70 years with at least one targeted risk factor.	Home based targeted multifactorial programme.	Significant reduction in fall incidence.	Detailed economic evaluation. Mean cost of intervention per fall prevented US\$1772 (1993 prices).
Salkeld 2000 ³⁰	Australia. 530 people aged >65 years discharged from hospital.	Home hazard reduction.	Significant reduction in fall incidence in those who had fallen in previous year.	Detailed economic evaluation. Mean total health care cost per fall prevented AUS\$3980 for those who fell in previous year (1997 prices).
Robertson 2001A ³¹	New Zealand 240 community-dwelling people aged 79-95 years.	Home exercise programme supervised by physiotherapists and delivered by nurses who has received a training programme. Acceptance rate 41% .	Significant reduction in fall incidence.	Detailed economic evaluation. Mean intervention cost per fall prevented NZ\$1803 (1998 prices).