About the STRIDE Study at UTMB:

Each year, 1 out of 3 adults aged 65 and over falls. A third of those falls result in moderate to severe injuries that can lead to further declines in health and loss of independence. Thousands of older adults die each year from such falls as well. To find effective, evidence-based strategies to address the personal and public health burden of these falls, the National Institutes of Health (NIH) and the Patient-Centered Outcomes Research Institute (PCORI) have joined to support a clinical trial to test individually tailored interventions to prevent fall-related injuries. The award is made by the National Institute on Aging (NIA) of the NIH and funded by PCORI as part of the Falls Injuries Prevention Partnership of the two organizations.

The study’s approach differs from others in that it will integrate proven falls reduction strategies into a cohesive intervention that can be adopted by many health care systems. “This collaboration with PCORI exemplifies our efforts to go beyond the norms to solve the nation’s health issues,” said NIH Director Francis S. Collins, M.D., Ph.D. “The problems we face are complex and therefore require thoughtful and complex solutions. I am hopeful this initiative will greatly improve the lives of those most at risk for falls.”

Previous studies have analyzed risk factors for falls and falls injuries, along with interventions to prevent them. But the best evidence about how to reduce falls has not been broadly applied. Attempts to change physician behavior about falls through conventional medical education channels and other methods have not been very effective. Patients and other stakeholders generally have not been partners in the research process and, as a result, not fully engaged.

“With this trial, we will be able to evaluate interventions on a comprehensive and very large scale,” said NIA Director Richard J. Hodes, M.D. “This study will focus on people at increased risk for injuries from falls, the specific care plans that should be implemented, including interventions tailored to individual patients, and how physicians and others in health care and in the community can be involved.”

Each person in the trial will be assessed for his or her risk of falling, and receive either the current standard of care—primarily information about preventing falls—or the experimental study intervention in which individualized care plans will be developed and administered. The plans will be presented to the participant’s primary care physician for review, modification, and approval and will include proven fall risk reduction interventions that can be implemented by the research team, physicians and other health care
providers, caregivers and community-based organizations. The intervention centers on the concept of a falls care manager working with each participant’s primary care provider to develop the plans and monitor success.

The research team plans to enroll 6,000 adults age 75 and older, living in the community, with one or more modifiable risk factors for falls. The first year of the study is a pilot phase, during which many aspects of the intervention will be tested with small numbers of people across 10 clinical sites. If the go-ahead is given by NIA and PCORI to proceed with the study after that, enrollment for the full trial will start in year two and take place over 18 months. The participants will be followed for up to three years.

The primary trial outcome is reduction in serious fall injuries, including nonspinal fractures, joint dislocation, head injuries, lacerations, internal injuries, and hypothermia. Secondary outcomes include reduction in all falls that cause injuries; all falls regardless of injury; indicators of well-being, physical function and disability, and anxiety and depression.

Patients and other stakeholders will partner with the investigators in national and local councils throughout the study development process and will continue to be engaged during the trial at national and site levels. The patients and stakeholders bring their unique personal perspective of how falls and fall injuries affect their lives, the difficulties they face in adhering to interventions, what outcomes are important to them, and what attributes of the interventions render them feasible, saleable, and sustainable. These contributors have advised the research team on several important study features.

Ten trial sites across the country were chosen to address geographic, rural/urban, academic/non-academic, and racial/ethnic diversity, and to include a range of health care systems and models of care. The 14 NIA-funded Claude D. Pepper Older Americans Independence Center, which include the nation’s premier research programs in complex geriatric syndromes helped to develop the trial protocol and will participate in the study. Some centers will be involved as trial sites, while others will be involved in data analysis and dissemination of the study’s findings.

We are excited about this opportunity to have the investigators, patients, and other stakeholders as partners who will continue to be engaged collaboratively in all aspects of the trial’s implementation.

The national STRIDE Study website is located at www.stridestudy.org.