

Paper Category:	Intervention Studies/Drug Treatment
Paper Title: (Arial Font; 14 Pt Size)	Help Optimise and Mobilise Elders (H.O.M.E) - An Inpatient Mobility Intervention in a Geriatric Unit in Singapore
Abstract Body: (Arial Font; 12Pt Size)	<ul style="list-style-type: none"> • Background • Objectives • Method • Results • Discussions and Conclusions
<p>(Maximum word limit - 300 words)</p> <p>Background: Elderly people admitted to hospitals are at risk of immobility and functional decline which can potentially lead to the cascade of dependency and increased adverse outcomes.</p> <p>Objectives: The primary aim of this ongoing study is to implement and evaluate the effectiveness of a mobility intervention designed to improve mobility, while optimising reversible factors affecting mobility among inpatients admitted to a geriatric unit in Singapore.</p> <p>Method: The intervention group (n=38) was mobilised early, at least three times a day, and were offered group therapy sessions. They were screened for geriatric syndromes and evaluated using the 4Ms framework. The control group (n=37) received standard of care physiotherapy and mobilised according to existing practices. The twin primary outcome measures were change of mobility status assessed using the difference between the admission and discharge maximum distance walked and frequency of mobilization. Secondary outcome measures included change in gait speed and Modified Barthel Index (MBI).</p> <p>Results: The difference in maximum distance between both groups was 21.3m, [95% CI (-8.8, 51.3), p=0.16]. Maximum distance walked in the intervention group (n=34) improved from 124.8m to 145.1m compared to a slight worsening in controls (n=36) of 114.2m to 113.1m. Median daily mobilisation frequency was 2.7 times in intervention vs 0.75 in controls (p=0.01).</p> <p>Gait speed change was 0.063m/s (p=0.03) in favour of the intervention (0.44m/s to 0.55m/s) compared to slight deterioration in controls (0.42m/s to 0.41m/s). MBI improved by 3.5 points in intervention compared to control (p=0.06).</p>	

Discussions & Conclusions: Mobilising inpatients early and increasing the frequency of daily mobilisation leads to meaningful increases in gait speed and physical function. This soon to be completed study may signal the potential for inpatient mobility interventions to improve overall physical function while simultaneously preventing inpatient related functional decline.

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