Synopsis of the HERO trial

Home-base Extended Rehabilitation for Older people (HERO)

Matthew Prescott¹, Dr Andrew Clegg¹, Dr David Clarke¹, Bonnie Cundill², Professor Amanda Farrin², Professor Anne Forster¹, Dr Vicki Goodwin³, Suzanne Hartley², Professor Claire Hulme⁴, Michael Holland², Amanda Lilley-Kelly², Phil Wright⁵, Professor John Young¹ ¹Academic Unit of Elderly Care and Rehabilitation, University of Leeds; ² Clinical Trials Research Unit, University of Leeds; ³University of Exeter Medical School; ⁴Academic Unit of Health Economics, University of Leeds; ⁵Bradford Teaching Hospitals NHS Foundation Trust



Individually randomised controlled multi-centre trial to determine the clinical and cost effectiveness of a homebased exercise intervention for older people with frailty as extended rehabilitation following acute illness or injury, including embedded process evaluation.

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Decline

Consider Carer

participation in

Process

Evaluation

Primary question

• Is the HOPE programme a clinically and cost effective means to improve health related quality of life for frail older people?

care

intermediate

or home

0



Trial Rationale

- Frailty is characterised by reduced biological reserves and vulnerability to adverse outcome
- Most people ≥ 65yrs in hospital have frailty
- Frailty linked with: decline in function, dependency, early readmission and death
- Exercise programmes based on **progressive** strength training show improved functionality and mobility in people with frailty
- In a pilot study, the HOPE programme showed evidence of benefits to functional mobility (TUGT ≈ 30 secs faster than controls)

Trial Design

- A multi-centre randomised, single-blind, controlled trial comparing the HOPE programme + usual care versus usual care only.
- 718 older people with frailty admitted to acute hospital services will be recruited
- Participants will be recruited on discharge home once routine rehabilitation* pathways have **finished**
- Outcome measures will be obtained 6 & 12 months after randomisation by the study researchers



- 24 week Home-based Older People's Exercise (HOPE) programme
- Graded and progressive intervention, aimed at improving strength, endurance & balance
- Delivered by NHS physiotherapy teams
- Delivered via weekly contact including 5 faceto-face visits and 19 telephone contacts
- The Hope programme will extend (not replace) existing NHS rehabilitation pathways after acute hospital admission

Main Trial Contacts:

Dr Andrew Clegg (Chief Investigator) Clinical Senior Lecturer & Honorary Consultant Geriatrician. Deputy Lead, NIHR CLAHRC Older People's Theme. Academic Unit of Elderly Care and Rehabilitation, University of Leeds, Bradford Institute for Health Research, Bradford Teaching Hospitals NHS Foundation Trust Email: andrew.clegg@bthft.nhs.uk

Patient Recruitment Pathway

Patients admitted acutely to recruiting hospital/ward with acute medical illness or injury Intermediate services)

Researcher screens for potential participants (inclusion/exclusion criteria)

Eligible Ineligible **Monitor patient** through

acute admission and rehabilitation pathway

Approach to obtain

informed consent

Confirm eligibility complete (CFS, MoCA, Ineligible

Complete baseline assessments (48hrs pre – 72hrs post

TUGT**)

discharge from rehab*)

Randomise to trial once discharged from rehabilitation service*

Usual care control

Six and twelve month follow-up

Matthew Prescott (Trial Manager & Physiotherapist: Yorkshire Hub)

Email: matthew.prescott@bthft.nhs.uk, Tel: 01274 383424

Lynda Garcia (Trial Manager : South West Hub) Email: l.garcia3@exeter.ac.uk, Tel: 01392 726099

Amanda Lilley-Kelly (Senior Trials Coordinator CTRU) Email: a.c.lilley-kelly@leeds.ac.uk, Tel: 0113 343 9083

Recruiting Centres

- Acute hospital trusts and linked intermediate care services from more than 10 trial sites
- Two geographical areas (Yorkshire and the South West), will recruit to the HERO trial target of 718 participants

Participants

Inclusion:

 Participants will: be older adults (aged ≥ 65yrs) with frailty (CFS level 5-7); be admitted acutely to hospital with medical illness/injury; normally reside in and be discharged to own home from hospital or intermediate care services*; complete **TUGT**** independently (+/- mobility aid); **consent** to study; score ≥20 on MoCA**; be able to adhere to intervention

Exclusion:

Participants will not: be care home residents; have had recent MI or unstable angina (previous 3 months); be terminally ill or receiving palliative care; have been referred for condition specific rehabilitation programmes (i.e. lengthy rehabilitation programmes like cardiac, pulmonary, stroke, amputee, falls rehabilitation programmes)

Trial Outcomes

Primary Outcome

 Health related quality of life (SF36) measured at 12 months

Secondary Outcomes

- Mental health measured using mental health component summary of **SF36**
- Functional independence measured using Barthel ADL Index; Nottingham Extended Activities of Daily Living Scale
- Hospitalisation rates, care home admission rates, falls and overall health and social care resource use.
- Cost effectiveness analysis
- Mixed methods Process Evaluation

Rehabilitation service includes acute hospital & intermediate care (bed and home based services), linked to the acute hospitalisation ** CFS - Clinical Frailty Scale; MoCA – Montreal Cognitive Assessment; TUGT – Timed Up and Go Test







