

U.S. Preventive Services Task Force: Clinical Preventive Strategies

This research project aims to develop innovative approaches to reviewing the evidence on clinical preventive strategies in older adults and making recommendations to physicians for prevention in older adults. Evidence on clinical strategies to prevent falls will be reviewed. Additional outcomes of interest to older adults will be reviewed including the prevention of fall-related injuries, quality of life, maintenance of independence, and prevention of disability.

Lead Agency:

U.S. Preventive Services Task Force Program at the
Agency for Healthcare Research and Quality (AHRQ)

Agency Mission:

The mission of the Agency for Healthcare Research and Quality is to improve the safety, quality, effectiveness, and efficiency of health care for all Americans. The mission of the U.S. Preventive Services Task Force (USPSTF) is to evaluate the benefits of individual services based on age, gender, and risk factors for disease; make recommendations about which preventive services should be incorporated routinely into primary medical care and for which populations; and identify a research agenda for clinical preventive care.

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Partner Agency:

Oregon Evidence-Based Practice Center

General Description:

This research project aims to develop innovative approaches to reviewing the evidence on clinical preventive strategies in older adults and making recommendations to physicians for prevention in older adults. The U.S. Preventive Services Task Force (USPSTF), first convened by the U.S. Public Health Service in 1984, and since 1998 sponsored by the Agency for Healthcare Research and Quality (AHRQ), is the leading independent panel of private-sector experts in prevention and primary care. The USPSTF conducts rigorous, impartial assessments of the scientific evidence for the effectiveness of a broad range of clinical preventive services, including screening, counseling, and preventive medications. Its recommendations are considered the "gold standard" for clinical preventive services. The USPSTF recently began work to update its recommendation on fall prevention in older adults. Preliminary work revealed that the usual methods of reviewing evidence may not be the most appropriate for addressing prevention in older adults. This is because: a) some interventions (for example, vision screening) cut across several topics; b) prevention may not be the only purpose of screening (care management may be another reason); and c) falls are not the result of one "disease" but may result from myriad causes. Another very important reason that traditional review methods may not work for preventive strategies in older adults is the different outcomes in older adults compared to younger adults. While preventing or forestalling death may be the goal, other important outcomes are quality of life, maintenance of independence, and prevention of disability. Future plans for this work include the application of the newly-developed methods to the review of other prevention strategies in older adults.

Excellence: What makes this project exceptional?

Falls are an important cause of morbidity and mortality in older adults. This project has developed methods that have forced researchers and policy makers to "think outside the box."

Significance: How is this research relevant to older persons, populations and/or an aging society?

The U.S. Census Bureau projects that the number of persons 65 years and older will more than double by 2030. Falls and fall-related injuries increase with age. Between 30 and 40 percent of community-dwelling persons aged 65 years and older fall at least once per year. Falls are the leading cause of injury in people 65 years of age or older. In 2004, more than 1.8 million older adults were treated for fall-related injuries in US hospital emergency departments, and more than 433,000 were hospitalized. In 2003, the Centers for Disease Control and Prevention (CDC) reported that falls were the leading cause of injury deaths and the ninth leading cause of death from all causes among those 65 years of age and older. Twenty to thirty percent of those who fall incur moderate to severe injuries that result in decreased mobility that subsequently impacts the individual's independence. These limitations will likely decrease the injured person's quality of life. In addition to these limitations, this degree of injury increases an older adult's risk of premature death, and mortality from falls is significantly higher in older adults.

Effectiveness: What is the impact and/or application of this research to older persons?

The results of this project will be used by the USPSTF to make recommendations to primary care doctors about what is effective to prevent falls and fall-related outcomes in older adults. Many professional organizations and other guideline-making organizations consider the USPSTF the gold-standard for prevention recommendation and these organizations often use the USPSTF reviews as a basis for their own recommendations.

Innovativeness: Why is this research exciting and newsworthy?

Falls are an important cause of morbidity in older adults – between 30 and 40 percent of community-dwelling older adults fall at least once per year. Traditional methods of synthesizing evidence may not be appropriate for older adults. In contrast to the traditional USPSTF methods of reviewing evidence for improvements in morbidity and mortality this project will also review evidence on outcomes that may be of most importance to older adults: quality of life, maintenance of independence, and prevention of disability.