

## NKR 50 Fald\_PICO 7\_boligændringer

### Review information

#### Authors

Sundhedsstyrelsen<sup>1</sup>

<sup>1</sup>[Empty affiliation]

Citation example: S. NKR 50 Fald\_PICO 7\_boligændringer. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

### Characteristics of studies

#### Characteristics of included studies

##### *Campbell 2005*

<b>Methods</b>	
<b>Participants</b>	
<b>Interventions</b>	
<b>Outcomes</b>	
<b>Identification</b>	
<b>Notes</b>	For more information, please see the following reference: Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people in the community. Cochrane Database Syst. Rev. 2012 Sep 12;(9): CD007146.pub3.

#### Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Gillespie et al., 2012
Allocation concealment (selection bias)	Low risk	Gillespie et al., 2012
Blinding of participants and personnel (performance bias)	Unclear risk	Gillespie et al., 2012
Blinding of outcome assessment (detection bias)	Low risk	Gillespie et al., 2012
Incomplete outcome data (attrition bias)	Low risk	Gillespie et al., 2012
Selective reporting (reporting bias)	Low risk	Gillespie et al., 2012
Other bias	Low risk	Gillespie et al., 2012

### Chu 2016

<b>Methods</b>	<p><b>Study design:</b> Randomized controlled trial</p> <p><b>Study grouping:</b> Parallel group</p>
<b>Participants</b>	<p><b>Baseline Characteristics</b></p> <p>Intervention</p> <ul style="list-style-type: none"> <li>● Hip fracture: 4</li> <li>● Daily exercise 30-60 min: 73.7%</li> </ul> <p>Kontrol</p> <ul style="list-style-type: none"> <li>● Hip fracture: 0</li> <li>● Daily exercise 30-60 min: 58.3%</li> </ul> <p>Overall</p> <ul style="list-style-type: none"> <li>● Hip fracture: 4</li> <li>● Daily exercise 30-60 min:</li> </ul> <p><b>Included criteria:</b> Individuals were included if they were aged 65 and above, were community dwelling, were ambulatory with or without a walking aid, and had visited an ED primarily because of a fall</p> <p><b>Excluded criteria:</b> Individuals who fell because of excess alcohol intake or sustained a sudden blow or loss of consciousness or sudden onset of paralysis due to stroke or an epileptic seizure were excluded. Individuals with a telephone Mini-Mental State Examination (MMSE) score less than 15 and those who were unable or unwilling to</p>

	<p>provide consent were excluded, as were those residing in nursing homes. Individuals who did not speak Cantonese were excluded for practical reasons.</p> <p><b>Pretreatment:</b> Flere havde hip fracture i interventionsgruppen <math>p=0.05</math>, og flere udførte daglig exercise <math>p=0.04</math></p>
<p><b>Interventions</b></p>	<p><b>Intervention Characteristics</b> Intervention</p> <ul style="list-style-type: none"> <li>● <i>Intervention:</i> home visit by the OT lasted approximately 1.5 hours. The program consisted of an environmental hazards evaluation. Participants living in public housing, the government funded recommended home modifications requiring additional resources, whereas participants living in private housing paid for modifications themselves.</li> </ul> <p>Kontrol</p> <ul style="list-style-type: none"> <li>● <i>Intervention:</i> Participants received a single visit by a research assistant who had no professional training and no knowledge of fall prevention that lasted approximately 1.5 hours, equivalent to the duration of the home visit in the IG;</li> </ul>
<p><b>Outcomes</b></p>	<p><i>Antal fald (uden bevidsthedstab)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> DichotomousOutcome</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Antal af personer som falder (uden bevidsthedstab)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> DichotomousOutcome</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Fald med fraktur (major injury)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> DichotomousOutcome</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Frygt for fald (FES-I)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Dagligt aktivitetsniveau (accelerometer/skridttæller, PROM)</i></p>

	<ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> <li>● <b>Scale:</b> Frenchay Activities Index</li> <li>● <b>Direction:</b> Higher is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Livskvalitet</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> <li>● <b>Direction:</b> Higher is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul>
<b>Identification</b>	<p><b>Sponsorship source:</b> This work was supported by a project grant (referencenumber 06070571) from the Health and Medical Research Fund, Food and Health Bureau, Government of the HongKong Special Administrative Region, People's Republic of China</p> <p><b>Country:</b> Kina</p> <p><b>Setting:</b> This was a single-blind, multicenter, randomized, con-trolled trial in three regional acute care hospitals in HongKong: Center A—Queen Mary Hospital, Center B—Prin-cess Margaret Hospital, and Center C—Prince of WalesHospital.</p> <p><b>Comments:</b></p> <p><b>Authors name:</b> Mary Man-Lai Chu MBA, ROT</p> <p><b>Institution:</b> Department of Occupational Therapy, Queen Mary Hospital, Hong Kong</p> <p><b>Email:</b></p> <p><b>Address:</b></p>
<b>Notes</b>	

Risk of bias table

<b>Bias</b>	<b>Authors' judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	Judgement Comment: Accounting for an estimated overall 30%attrition rate, it was assumed that the intervention andcontrol groups were equivalent in size after using blockrandomization with a random numbers table.

Allocation concealment (selection bias)	Low risk	Judgement Comment: Central allocation: "Using block randomization (blocks of four), a member of the research team (MMLC) who was blinded and not involved in the screening assessments or any subsequent interventions or data collection randomized participants to an intervention group (IG) or a control group (CG)."
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: inkluderede var blindet, men ikke muligt at blinde personale. CG participants received a single visit by a research assistant who had no professional training and no knowledge of fall prevention that lasted approximately 1.5 hours, equivalent to the duration of the home visit in the IG; the research assistants focused on showing concern for participants through conversation. The purpose of the well-wishing visit was to provide an attention control and to ensure that CG participants received the same amount of attention and social interaction as IG participants
Blinding of outcome assessment (detection bias)	Unclear risk	Judgement Comment: ikke beskrevet om blindet ved fald assessment
Incomplete outcome data (attrition bias)	High risk	Judgement Comment: højt dropout i fleste hospitaler +50% Selvom der er udført analyser med ITT er det problematiske når så højt frafald
Selective reporting (reporting bias)	Low risk	Judgement Comment: samme outcomes i method og results
Other bias	High risk	Judgement Comment: - recall bias, intet skema som faldoversigt

### Cumming 1999

<b>Methods</b>	
<b>Participants</b>	
<b>Interventions</b>	
<b>Outcomes</b>	
<b>Identification</b>	
<b>Notes</b>	For more information, please see the following reference: Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people in the community. Cochrane Database Syst. Rev. 2012 Sep 12;(9): CD007146.pub3.

## Risk of bias table

<b>Bias</b>	<b>Authors' judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	Gillespie et al, 2012
Allocation concealment (selection bias)	Low risk	Gillespie et al, 2012
Blinding of participants and personnel (performance bias)	Unclear risk	Gillespie et al, 2012
Blinding of outcome assessment (detection bias)	Low risk	Gillespie et al, 2012
Incomplete outcome data (attrition bias)	Unclear risk	Gillespie et al, 2012
Selective reporting (reporting bias)	Low risk	Gillespie et al, 2012
Other bias	Low risk	Gillespie et al, 2012

**Day 2002**

<b>Methods</b>	
<b>Participants</b>	
<b>Interventions</b>	
<b>Outcomes</b>	
<b>Identification</b>	
<b>Notes</b>	For more information, please see the following reference: Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people in the community. Cochrane Database Syst. Rev. 2012 Sep 12;(9): CD007146.pub3.

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Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Gillespie et al, 2012
Allocation concealment (selection bias)	Low risk	Gillespie et al, 2012
Blinding of participants and personnel (performance bias)	Unclear risk	Gillespie et al, 2012
Blinding of outcome assessment (detection bias)	Low risk	Gillespie et al, 2012
Incomplete outcome data (attrition bias)	Unclear risk	Gillespie et al, 2012
Selective reporting (reporting bias)	Unclear risk	Gillespie et al, 2012
Other bias	Low risk	Gillespie et al, 2012

### Fitzharris 2010

<b>Methods</b>	<p><b>Study design:</b> Randomized controlled trial</p> <p><b>Study grouping:</b> Parallel group</p>
<b>Participants</b>	<p><b>Baseline Characteristics</b></p> <p>Intervention</p> <ul style="list-style-type: none"> <li>● Hip fracture:</li> <li>● Daily exercise 30-60 min:</li> </ul> <p>Kontrol</p> <ul style="list-style-type: none"> <li>● Hip fracture:</li> <li>● Daily exercise 30-60 min:</li> </ul> <p>Overall</p> <ul style="list-style-type: none"> <li>● Hip fracture:</li> <li>● Daily exercise 30-60 min:</li> </ul> <p><b>Included criteria:</b> community-dwelling people aged 70 and older living in the City of Whitehorse local government area in metropolitan Melbourne. Eligibility criteria included living in one's own home or apartment or leasing similar accommodation and permitted to make modifications.</p> <p><b>Excluded criteria:</b> Potential participants were excluded if they did not expect to remain in the area for two years (except for short absences); had participated in regular to moderate physical activity with a balance improvement component in</p>

	<p>the previous two months; could not walk 10-20 metres without rest, help, or having angina; had severe respiratory or cardiac disease; had a psychiatric illness prohibiting participation; had dysphasia; had had recent major home modifications; had an education and language adjusted score &gt; 4 on the short portable mental status questionnaire5 ; or did not have the approval of their general practitioner.</p> <p><b>Pretreatment:</b> ingen angivelse af baseline værdier separat for intervention og kontrol</p>
<p><b>Interventions</b></p>	<p><b>Intervention Characteristics</b></p> <p>Intervention</p> <ul style="list-style-type: none"> <li>● <i>Intervention:</i> The home hazard intervention involved theremoval or modification of hazards, both inside the home and at the entry points, identified in the initial risk factorassessment. Home hazard reduction was undertaken either by the participants or via the City of Whitehorse’s homemaintenance service</li> </ul> <p>Kontrol</p> <ul style="list-style-type: none"> <li>● <i>Intervention:</i> A control group, receiving a deferred intervention, was also included.</li> </ul>
<p><b>Outcomes</b></p>	<p><i>Antal fald (uden bevidsthedstab)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> DichotomousOutcome</li> <li>● <b>Unit of measure:</b> antal fald</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Antal af personer som falder (uden bevidsthedstab)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> DichotomousOutcome</li> <li>● <b>Unit of measure:</b> antal personer med minimum 1 fald</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Fald med fraktur (major injury)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> DichotomousOutcome</li> <li>● <b>Unit of measure:</b> antal fald</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Frygt for fald (FES-I)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> </ul>



	<p><i>Dagligt aktivitetsniveau (accelerometer/skridttæller, PROM)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> Continuous Outcome</li> </ul> <p><i>Livskvalitet</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> Continuous Outcome</li> </ul>
<p><b>Identification</b></p>	<p><b>Sponsorship source:</b> National Health and Medical Research Council (Commonwealth Department of Health and Aged Care), Victorian Department of Human Services (Aged Care), City of Whitehorse, Victorian Health Promotion Foundation, Rotary and the National Safety Council.</p> <p><b>Country:</b> Australia</p> <p><b>Setting:</b> The study was conducted in the City of Whitehorse, mainly middle class area of Melbourne, the second largest city in Australia. Potential participants were people aged 70 years and over living in their own home.</p> <p><b>Comments:</b> Nogle data trukket fra: BMJ. 2002 Jul 20;325(7356):128. Randomised factorial trial of falls prevention among older people living in their own homes. Day L1, Fildes B, Gordon I, Fitzharris M, Flamer H, Lord S.</p> <p><b>Authors name:</b> MICHAEL P. FITZHARRIS</p> <p><b>Institution:</b> Accident Research Centre, Monash University, Victoria 3800, Australia</p> <p><b>Email:</b> michael.fitzharris@monash.edu</p> <p><b>Address:</b></p>
<p><b>Notes</b></p>	

**Risk of bias table**

<b>Bias</b>	<b>Authors' judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Low risk	Judgement Comment: fra Day 2002: Participants were randomly assigned by an "adaptive biased coin" technique, rather than simple equiprobable randomisation, to ensure balance of group numbers.4 (computerprogram)
Allocation concealment (selection bias)	Low risk	Judgement Comment: Central allocation: Participants were then assigned (by computer generated randomisation) to an intervention group by an independent third party via telephone.
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: ikke muligt

Blinding of outcome assessment (detection bias)	Low risk	Judgement Comment: Fra Day 2002:Participants reported falls using a monthly postcard calendar system to record daily falls outcome. Participants not returning their calendar within five working days of the end of each month, and those recording a fall, were followed up by telephone by a research assistant blinded to group assignment.
Incomplete outcome data (attrition bias)	Low risk	Quote: "A total of 1107 participants were randomised with 1090 remaining in the trial after group allocation." Judgement Comment: lav drop out
Selective reporting (reporting bias)	Low risk	Judgement Comment: kun på fald, ok hvis ikke ønskes at måle på andet
Other bias	Low risk	Judgement Comment: intet åbenlyst

### Kamei 2015

<b>Methods</b>	<b>Study design:</b> Randomized controlled trial <b>Study grouping:</b> Parallel group
<b>Participants</b>	<p><b>Baseline Characteristics</b></p> <p>Intervention</p> <ul style="list-style-type: none"> <li>● Hip fracture:</li> <li>● Daily exercise 30-60 min:</li> </ul> <p>Kontrol</p> <ul style="list-style-type: none"> <li>● Hip fracture:</li> <li>● Daily exercise 30-60 min:</li> </ul> <p>Overall</p> <ul style="list-style-type: none"> <li>● Hip fracture:</li> <li>● Daily exercise 30-60 min:</li> </ul> <p><b>Included criteria:</b> The subjects were older adults aged 65 years and over recruited through posters, flyers, and websites from the Tokyo metropolitan region. The inclusion criteria were: first time participation in the program; allowed by their primary physician to undergo physical exercise; living in their own residence; and aged of 65 years or older. <b>Excluded criteria:</b> low cognitive function; demen-tia; and/or poor physical condition such as inability to walk by themselves. <b>Pretreatment:</b> ingen oplyste</p>

<p><b>Interventions</b></p>	<p><b>Intervention Characteristics</b> Intervention</p> <ul style="list-style-type: none"> <li>● <i>Intervention:</i> education and practice regarding environmental safety for their indoor residence: (i) a residential safety self-assessment consisting of a 33 item self-checklist. a home hazard awareness program and education as to how to modify and create safety in a residential environment using a dis-played 60 cm×60 cm residential mock-up (Fig. 1). Participants practiced interactively with the educator by removing obstacles in the mock-up to main-tain floor and environmental safety for each area. Participants were also shown home equipment useful for rooms, bathroom, stairs, and hallways, such as automatic floor lighting; grab bars for the bathroom, restroom, and entrance hall; small ramps between rooms; and non-slip rug and non-slip tape on stairs.</li> <li>● <i>4 weekly fall prevention multifac-torial programs each lasting 120 min.:</i> Both groups participated in equal 4 weekly fall prevention multifac-torial programs each lasting 120 min. This included: (i) 5–15 min of physical and mental assessment interview by the nurse; (ii) blood pressure check; (iii) 30 min education regarding fall risk factors, food and nutri-tion, foot self-care; and (iv) 60 min exercise sessions designed to maintain strength, coordination, and balance.</li> </ul> <p>Kontrol</p> <ul style="list-style-type: none"> <li>● <i>Intervention:</i> The control group was given a short talk on health and aging by a physician researcher.</li> <li>● <i>4 weekly fall prevention multifac-torial programs each lasting 120 min.:</i> Both groups participated in equal 4 weekly fall prevention multifac-torial programs each lasting 120 min. This included: (i) 5–15 min of physical and mental assessment interview by the nurse; (ii) blood pressure check; (iii) 30 min education regarding fall risk factors, food and nutri-tion, foot self-care; and (iv) 60 min exercise sessions designed to maintain strength, coordination, and balance</li> </ul>
<p><b>Outcomes</b></p>	<p><i>Antal fald (uden bevidsthedstab)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> Dichotomous Outcome</li> <li>● <b>Scale:</b> antal fald</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Antal af personer som falder (uden bevidsthedstab)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> Dichotomous Outcome</li> </ul> <p><i>Fald med fraktur (major injury)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> Dichotomous Outcome</li> </ul>

	<p><i>Frygt for fald (FES-I)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> </ul> <p><i>Dagligt aktivitetsniveau (accelerometer/skridttæller, PROM)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> </ul> <p><i>Livskvalitet</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> </ul>
<b>Identification</b>	<p><b>Sponsorship source:</b> This study was funded by the St.Luke's and TERUMO collaborative fund (2008-2011),Japan</p> <p><b>Country:</b> Japan</p> <p><b>Setting:</b> Urban community</p> <p><b>Comments:</b></p> <p><b>Authors name:</b> Tomoko KAMEI</p> <p><b>Institution:</b> College of Nursing, St. Luke's International Universit</p> <p><b>Email:</b></p> <p><b>Address:</b></p>
<b>Notes</b>	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Quote: "Research assistants allocated participants randomly into either the HHMP group or the control group and without the presence of the researchers. Both" Judgement Comment: ikke angivet hvordan
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: ikke angivet
Blinding of participants and personnel (performance bias)	High risk	Quote: "The same staff-educators were assigned to both morning and afternoon programs to ensure the same program consistency." Judgement Comment: ikke muligt at blinde staff

Blinding of outcome assessment (detection bias)	High risk	Judgement Comment: After random allocation into the groups and before the beginning of the interventions, the participants received a questionnaire by mail to: (i) provide baseline information on demographics, medical history, risk of falls, and history of falls; (ii) assess their fall prevention awareness; and (iii) assess their perception of home hazards such as features of their home that may cause falls, slips, and trips. Participants of both groups were asked to keep a self-report falls calendar to record daily activities, exercise, food, and fall incidents.
Incomplete outcome data (attrition bias)	Unclear risk	Quote: "130 subjects were enrolled and randomly allocated to the HHMP (n = 67) and control (n = 63) groups. In the HHMP group, 11 did not attend sessions regularly and withdrew over the course of the study. From the control group, nine did not attend sessions regularly and withdrew over the course of the study." Judgement Comment: noget højt drop-out og kun per protokol analyse
Selective reporting (reporting bias)	Low risk	Judgement Comment: kun ønske om at rapportere fald incidents
Other bias	Unclear risk	Judgement Comment: begge grupper får intervention med træning og kostændringer. Derfor ikke sikkert om effekten kun skyldes modifikationer af hjemmet eller interaktion med den anden intervention

## Keall 2015

<b>Methods</b>	<b>Study design:</b> Randomized controlled trial <b>Study grouping:</b> Crossover
<b>Participants</b>	<p><b>Baseline Characteristics</b></p> <p>Intervention</p> <ul style="list-style-type: none"> <li>● Hip fracture:</li> <li>● Daily exercise 30-60 min:</li> </ul> <p>Kontrol</p> <ul style="list-style-type: none"> <li>● Hip fracture:</li> <li>● Daily exercise 30-60 min:</li> </ul> <p>Overall</p> <ul style="list-style-type: none"> <li>● Hip fracture:</li> <li>● Daily exercise 30-60 min:</li> </ul> <p><b>Included criteria:</b> people living in the Taranaki region who had recently received government-subsidised home insulation that was retrofitted to their homes. Only individuals who said they intended to live at the house for at least the</p>

	<p>next 3 years were eligible to participate, because we sought to evaluate the safety benefits of home improvements over a 4-year period. Moreover, we only included owner-occupiers, because people renting houses are a very mobile population in New Zealand,</p> <p><b>Excluded criteria:</b> Ikke ekspliciteret.</p> <p><b>Pretreatment:</b> ikke angivet baseline værdier</p>
<p><b>Interventions</b></p>	<p><b>Intervention Characteristics</b></p> <p>Intervention</p> <ul style="list-style-type: none"> <li>● <i>Intervention:</i> After randomisation, qualified builders undertook an assessment of every house in the treatment group. They used a standard checklist to identify hazards in the home that were within the scope of the home-modification intervention. We approved all proposed modifications and costs quoted by the builder. Home modifications consisted of: handrails for outside steps and internal stairs; other minor repairs to outside steps; repairs to window catches; grab rails for bathrooms and toilets; adequate outside lighting; high-visibility and slip-resistant edging for outside steps; fixing of lifted edges of carpets and mats; non-slip bathmats; and slip-resistant surfacing for outside surfaces such as decks. Smoke alarms were installed, but we did not judge this modification relevant to the outcome measure. At the time the builder undertook the modifications, he gave householders a pamphlet on home safety.</li> </ul> <p>Kontrol</p> <ul style="list-style-type: none"> <li>● <i>Intervention:</i> This pamphlet was not given to control households, who received no intervention during the study period</li> </ul>
<p><b>Outcomes</b></p>	<p><i>Antal fald (uden bevidsthedstab)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> DichotomousOutcome</li> <li>● <b>Scale:</b> fall rate per person per year &gt;70 år</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Antal af personer som falder (uden bevidsthedstab)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> DichotomousOutcome</li> </ul> <p><i>Fald med fraktur (major injury)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> DichotomousOutcome</li> <li>● <b>Scale:</b> antal fald for +70 årige</li> <li>● <b>Direction:</b> Lower is better</li> </ul>

	<ul style="list-style-type: none"> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Frygt for fald (FES-I)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> </ul> <p><i>Dagligt aktivitetsniveau (accelerometer/skridttæller, PROM)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> </ul> <p><i>Livskvalitet</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> </ul>
<p><b>Identification</b></p>	<p><b>Sponsorship source:</b> The HIPI study is funded by the Health Research Council of New Zealand (HRCNZ).</p> <p><b>Country:</b> New Zealand</p> <p><b>Setting:</b> The Taranaki region - owner-occupied dwelling constructed before 1980</p> <p><b>Comments:</b></p> <p><b>Authors name:</b> Michael D Keall</p> <p><b>Institution:</b> Otago University, Wellington,</p> <p><b>Email:</b></p> <p><b>Address:</b></p>
<p><b>Notes</b></p>	<p><i>Mette Leth on 27/03/2017 22:32</i></p> <p><b>Outcomes</b></p> <p>Jeg er i tvivl om, hvilke outcomes, vi kan bruge her? 1) Data er opdelt i 60-69årige samt lig med/over 70år. Kan vi slå disse grupper sammen? 2) Jeg kan ikke se data opgjort ved henholdsvis 6 og 12 mdr. ift. antal fald og antal af personer som falder. Til gengæld opgjort ved 36 måneder., ujusteret. 3) Hvad er antal fald og personer som falder i tabel 3?</p> <p><i>Mette Leth on 27/03/2017 22:53</i></p> <p><b>Study Design</b></p> <p>Using an electronic coin toss with equalprobability to allocate households to either immediatehome modification (treatment group) or a delay of 3 yearsbefore home modifi cation (control group).</p>

## Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "After consent had been obtained, a statistician in the research team generated a randomisation schedule with R version 2.10.0, using an electronic coin toss with equal probability to allocate households to either immediate home modification (treatment group) or a delay of 3 years before home modification (control group)."
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: ikke beskrevet
Blinding of participants and personnel (performance bias)	High risk	Quote: "We could not achieve masking of the random allocation for household members in the treatment group because modifications were made immediately to their homes."
Blinding of outcome assessment (detection bias)	Unclear risk	Quote: "The ACC matched participants' names, dates of birth, and addresses to their claim files for unintentional home injuries but was unaware of the random allocation. Coders employed by the study team analysed text descriptions of injuries and were also unaware of the random allocation." Judgement Comment: ..men fald er selvrapporert fald og deltagere er ikke blinde
Incomplete outcome data (attrition bias)	Low risk	Judgement Comment: lille drop out n=78/950
Selective reporting (reporting bias)	Low risk	Judgement Comment: This trial is registered with the Australian New Zealand Clinical Trials Registry, number ACTRN12609000779279, følger protokol
Other bias	Low risk	Judgement Comment: intet åbenlyst

*Lin 2007*

<b>Methods</b>
<b>Participants</b>
<b>Interventions</b>
<b>Outcomes</b>
<b>Identification</b>



<b>Notes</b>	For more information, please see the following reference: Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people in the community. Cochrane Database Syst. Rev. 2012 Sep 12;(9): CD007146.pub3.
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**Risk of bias table**

<b>Bias</b>	<b>Authors' judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Unclear risk	Gillespie et al, 2012
Allocation concealment (selection bias)	Unclear risk	Gillespie et al, 2012
Blinding of participants and personnel (performance bias)	Unclear risk	Gillespie et al, 2012
Blinding of outcome assessment (detection bias)	Unclear risk	Gillespie et al, 2012
Incomplete outcome data (attrition bias)	High risk	Gillespie et al, 2012
Selective reporting (reporting bias)	Low risk	Gillespie et al, 2012
Other bias	Low risk	Gillespie et al, 2012

**Nikolaus 2003**

<b>Methods</b>	
<b>Participants</b>	
<b>Interventions</b>	
<b>Outcomes</b>	
<b>Identification</b>	
<b>Notes</b>	For more information, please see the following reference: Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people in the community. Cochrane Database Syst. Rev. 2012 Sep 12;(9): CD007146.pub3.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Gillespie et al., 2012
Allocation concealment (selection bias)	Unclear risk	Gillespie et al., 2012
Blinding of participants and personnel (performance bias)	Low risk	Gillespie et al., 2012
Blinding of outcome assessment (detection bias)	Low risk	Gillespie et al., 2012
Incomplete outcome data (attrition bias)	High risk	Gillespie et al., 2012
Selective reporting (reporting bias)	Low risk	Gillespie et al., 2012
Other bias	Low risk	Gillespie et al., 2012

*Pardessus 2002*

<b>Methods</b>	
<b>Participants</b>	
<b>Interventions</b>	
<b>Outcomes</b>	
<b>Identification</b>	
<b>Notes</b>	For more information, please see the following reference: Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people in the community. Cochrane Database Syst. Rev. 2012 Sep 12;(9): CD007146.pub3.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Gillespie et al., 2012
Allocation concealment (selection bias)	Unclear risk	Gillespie et al., 2012
Blinding of participants and personnel (performance bias)	Unclear risk	Gillespie et al., 2012
Blinding of outcome assessment (detection bias)	Unclear risk	Gillespie et al., 2012
Incomplete outcome data (attrition bias)	Unclear risk	Gillespie et al., 2012
Selective reporting (reporting bias)	Low risk	Gillespie et al., 2012
Other bias	Unclear risk	Gillespie et al., 2012

### Pighills 2011

<b>Methods</b>	<p><b>Study design:</b> Randomized controlled trial</p> <p><b>Study grouping:</b> Parallel group</p>
<b>Participants</b>	<p><b>Baseline Characteristics</b></p> <p>Intervention</p> <ul style="list-style-type: none"> <li>● Hip fracture:</li> <li>● Daily exercise 30-60 min:</li> </ul> <p>Kontrol</p> <ul style="list-style-type: none"> <li>● Hip fracture:</li> <li>● Daily exercise 30-60 min:</li> </ul> <p>Overall</p> <ul style="list-style-type: none"> <li>● Hip fracture:</li> <li>● Daily exercise 30-60 min:</li> </ul> <p><b>Included criteria:</b> Community-dwelling people aged 70 and older residing in the catchment area who had experienced one or more falls in the preceding year (defined in this study as “an unexpected event in which the participant comes to rest on the ground, floor or lower level”)<sup>23</sup> could be included</p> <p><b>Excluded criteria:</b> People living in nursing or residential homes, those currently receiving OT, or those who had received a falls-specific OT intervention in the preceding year were excluded.</p>

<p><b>Interventions</b></p>	<p><b>Pretreatment:</b> ingen angivne</p> <p><b>Intervention Characteristics</b> Intervention</p> <ul style="list-style-type: none"> <li>● <i>Intervention:</i> OT-led environmental assessment. The intervention consisted of assessment of participants in their home environment using the WeHSA to identify personal risk from environmental and behavioral perspectives. The assessor and participant moved through the house together to enable functional evaluation and participant involvement in hazard identification. The assessments were conducted during a single visit lasting 1.5 to 2 hours. Potential falls hazards, identified using the WeSHA, were discussed; the participant and assessor suggested possible solutions and agreed on recommendations. Where possible, hazards were removed or repaired during the visit. A written summary of recommendations was sent to the participant, and the assessor made referrals to other agencies for equipment and input as indicated. There were no additional resources available to implement the recommendations</li> </ul> <p>Kontrol</p> <ul style="list-style-type: none"> <li>● <i>Intervention:</i> The control group received usual care, remaining under the care of their general practitioner and being referred for services as required</li> </ul>
<p><b>Outcomes</b></p>	<p><i>Antal fald (uden bevidsthedstab)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> Dichotomous Outcome</li> <li>● <b>Unit of measure:</b> antal fald</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Antal af personer som falder (uden bevidsthedstab)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> Dichotomous Outcome</li> <li>● <b>Unit of measure:</b> antal personer som falder</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Fald med fraktur (major injury)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> Dichotomous Outcome</li> </ul> <p><i>Frygt for fald (FES-I)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> Continuous Outcome</li> <li>● <b>Scale:</b> FES-I</li> </ul>

	<ul style="list-style-type: none"> <li>● <b>Unit of measure:</b> point</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Dagligt aktivitetsniveau (accelerometer/skridttæller, PROM)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> </ul> <p><i>Livskvalitet</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> <li>● <b>Scale:</b> EuroQol</li> <li>● <b>Direction:</b> Higher is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul>
<b>Identification</b>	<p><b>Sponsorship source:</b> The Department of Health Re-search Capacity Development Programme provided fellow-ship funding Alison C. Pighills.</p> <p><b>Country:</b> UK</p> <p><b>Setting:</b> Community-dwelling people - home</p> <p><b>Comments:</b></p> <p><b>Authors name:</b> Alison C. Pighills, PhD</p> <p><b>Institution:</b> Rehabilitation, Bradford and Airedale Community Health Services, Douglas Mill,Bradford BD5 7JR, United Kingdom.</p> <p><b>Email:</b></p> <p><b>Address:</b></p>
<b>Notes</b>	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "The computer-generated outcome of randomization"
Allocation concealment (selection bias)	Low risk	Quote: "outcome of randomization was auto- matically e-mailed to an independent person who passed the participant's case notes on to the contact person for the group to which they had been randomized."

Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: Deltagerne er ikke blindet og frygt for fald er primær outcome = meget subjektivt outcome
Blinding of outcome assessment (detection bias)	Low risk	Judgement Comment: Those assessing the outcome of the trial were blinded togrouop assignment.
Incomplete outcome data (attrition bias)	Low risk	Quote: "withdrew; 0 lost to follow-up <b>Some follow-up data: 3 died; 1 withdrew; 1 lost to follow-up (provided 11m data)</b> Figure 1. Flow of participants" Judgement Comment: lille drop out, ok. i øvrigt ITT analyse
Selective reporting (reporting bias)	Low risk	Judgement Comment: samme outcomes i method og results.De oplyser ikke trail.gov nr. eller lign, men argumenterer for deres valg af primær og sekundært outcome. Because of a likely rate of 50% of participants falling ina year 24 and allowing for attrition, a sample of 960 peoplewould have been required to power the pilot study on falls.Therefore, falls were selected as a secondary outcome. Fearof falling was chosen as the primary outcome, because it is common in older people with and without a falls history and is reported to be an independent predictor of falls.Data sharing: technical appendix, statistical code,and dataset available from the corresponding authoralison_pighills@health.qld.gov.auAll authors, external and internal, had full access to allof the data in the study (including statistical reports andtables) and can take responsibility for the integrity of thedata and the accuracy of the data analysis.All authors declare that they have no competing interestsand have nothing to declare.The researchers were all independent from the funder.
Other bias	Unclear risk	Quote: "Yes 40 (63) 67 (84) <b>Participants who adhered to recommendations, n (%) None 12 (30) 8 (12) ÅÅ Partial adherence 18 (45) 39 (60) ÅÅ Full adherence 10 (25) 18 (28) Å</b> Participants to whom no recommendations" Judgement Comment: deltagere følger ikke anbefalingerne 100% vi ved derfor ikke om den manglende effekt skyldes dette eller at anbefalingerne ikke har effekt

**Sheffield 2013**

<b>Methods</b>	<b>Study design:</b> Randomized controlled trial <b>Study grouping:</b> Crossover
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<p><b>Participants</b></p>	<p><b>Baseline Characteristics</b></p> <p>Intervention</p> <ul style="list-style-type: none"> <li>● <i>Hip fracture:</i></li> <li>● <i>Daily exercise 30-60 min:</i></li> </ul> <p>Kontrol</p> <ul style="list-style-type: none"> <li>● <i>Hip fracture:</i></li> <li>● <i>Daily exercise 30-60 min:</i></li> </ul> <p>Overall</p> <ul style="list-style-type: none"> <li>● <i>Hip fracture:</i></li> <li>● <i>Daily exercise 30-60 min:</i></li> </ul> <p><b>Included criteria:</b> We recruited participants from a pool of individuals aged 65 and older who were currently receiving some form of agency service. All participants were known to the two local public agencies involved in the study and were community-dwelling seniors who had significant impairments in ADL.</p> <p><b>Excluded criteria:</b> Additional inclusion criteria included the ability to speak English, adequate mobility within the home, and sufficient cognitive capacity to participate in the intervention</p> <p><b>Pretreatment:</b> intet angivet</p>
<p><b>Interventions</b></p>	<p><b>Intervention Characteristics</b></p> <p>Intervention</p> <ul style="list-style-type: none"> <li>● <i>Intervention:</i> The intervention includes an in-home assessment of his or her daily activities in the context of the environment, client-family collaboration to achieve mutual goals, provision and training in the use of assistive devices, design and implementation of home modifications, removal of environmental hazards, training in medication management, and education in adaptive and compensatory strategies to improve safety and independence.</li> </ul> <p>Kontrol</p> <ul style="list-style-type: none"> <li>● <i>Intervention:</i> The use of a delayed intervention control group (i.e., received initial assessment but no intervention for 3 months).</li> </ul>
<p><b>Outcomes</b></p>	<p><i>Antal fald (uden bevidsthedstab)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> Dichotomous Outcome</li> </ul> <p><i>Antal af personer som falder (uden bevidsthedstab)</i></p>

	<ul style="list-style-type: none"> <li>● <b>Outcome type:</b> DichotomousOutcome</li> </ul> <p><i>Fald med fraktur (major injury)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> DichotomousOutcome</li> </ul> <p><i>Frygt for fald (FES-I)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> <li>● <b>Scale:</b> FES-I short</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Dagligt aktivitetsniveau (accelerometer/skridttæller, PROM)</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> </ul> <p><i>Livskvalitet</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> <li>● <b>Scale:</b> EuroQol 5 dimension</li> <li>● <b>Direction:</b> Higher is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul>
<p><b>Identification</b></p>	<p><b>Sponsorship source:</b></p> <p><b>Country:</b> USA</p> <p><b>Setting:</b> Community-dwelling - home</p> <p><b>Comments:</b></p> <p><b>Authors name:</b> Chava Sheffield, PhD, OTR/L</p> <p><b>Institution:</b> Department of Public Policy, University of Maryland, Baltimore County, Baltimore</p> <p><b>Email:</b></p> <p><b>Address:</b></p>
<p><b>Notes</b></p>	

### Risk of bias table



Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Quote: "a research assistant, who was not involved in data collection or analysis, randomized participants to immediate intervention or the delayed intervention control group using a Microsoft Excel random number generator."
Allocation concealment (selection bias)	Unclear risk	Judgement Comment: Central allocation: Following consent to participate, a research assistant, who was not involved in data collection or analysis, randomized participants to immediate intervention or the delayed intervention control group using a Microsoft Excel random number generator. Uvist om personale + deltagere kan forudsige randomisering. We removed individuals assigned to the control group who were in immediate need of services due to ethical considerations.
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: Deltagerne ved, hvilken gruppe de er randomiseret til. For individuals assigned to the delayed intervention control group, the therapists conducted a reassessment 3 months after the initial assessment, followed by the intervention. Therapists could not be blinded to group assignment because they were both the assessors and the interventionists.
Blinding of outcome assessment (detection bias)	High risk	Quote: "Therapists could not be blinded to group assignment because they were both the assessors and the interventionists."
Incomplete outcome data (attrition bias)	High risk	Judgement Comment: kun 31 af 46 analyseret (dvs. højt dropout og ikke ITT)
Selective reporting (reporting bias)	Low risk	Judgement Comment: vi skulle kontakte forfattere for at få endpoint, da kun var opgivet som regressionskoefficienter.. men ok, vi fik data..
Other bias	Unclear risk	Quote: "We removed individuals assigned to the control group who were in immediate need of services due to ethical considerations." Judgement Comment: randomisering bliver brudt interventionsgruppen får dermed flere som har akut brug for intervention og kan have bedre effekt

**Stevens 2001**

<b>Methods</b>	
<b>Participants</b>	
<b>Interventions</b>	
<b>Outcomes</b>	
<b>Identification</b>	
<b>Notes</b>	For more information, please see the following reference: Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people in the community. Cochrane Database Syst. Rev. 2012 Sep 12;(9): CD007146.pub3.

**Risk of bias table**

<b>Bias</b>	<b>Authors' judgement</b>	<b>Support for judgement</b>
Random sequence generation (selection bias)	Unclear risk	Gillespie et al., 2012
Allocation concealment (selection bias)	Unclear risk	Gillespie et al., 2012
Blinding of participants and personnel (performance bias)	Unclear risk	Gillespie et al., 2012
Blinding of outcome assessment (detection bias)	Unclear risk	Gillespie et al., 2012
Incomplete outcome data (attrition bias)	Low risk	Gillespie et al., 2012
Selective reporting (reporting bias)	Unclear risk	Gillespie et al., 2012
Other bias	Low risk	Gillespie et al., 2012

*Footnotes*

**Characteristics of excluded studies**

***Curriu 2012***

Reason for exclusion	Wrong study design
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***Drahota 2013***

Reason for exclusion	Wrong intervention
----------------------	--------------------

***Lannin 2007***

Reason for exclusion	Wrong intervention
----------------------	--------------------

***Luck 2013***

Reason for exclusion	Wrong intervention
----------------------	--------------------

***Zhang 2012***

Reason for exclusion	Wrong intervention
----------------------	--------------------

*Footnotes*

**Characteristics of studies awaiting classification**

*Footnotes*

## Characteristics of ongoing studies

*Footnotes*

## Summary of findings tables

## Additional tables

## References to studies

### Included studies

#### **Campbell 2005**

[Empty]

#### **Chu 2016**

Chu M.M.-L.; Fong K.N.-K.; Lit A.C.-H.; Rainer T.H.; Cheng S.W.-C.; Au F.L.-Y.; Fung H.K.-K.; Wong C.-M.; Tong H.-K.. An Occupational Therapy Fall Reduction Home Visit Program for Community-Dwelling Older Adults in Hong Kong After an Emergency Department Visit for a Fall. Journal of the American Geriatrics Society 2016;(Web Page):no pagination. [DOI: ]

#### **Cumming 1999**

[Empty]

#### **Day 2002**

*Published and unpublished data*

[Empty]

#### **Fitzharris 2010**

Fitzharris, Michael P.; Day, Lesley; Lord, Stephen R.; Gordon, Ian; Fildes, Brian. The Whitehorse NoFalls trial: effects on fall rates and injurious fall rates. Age and Ageing 2010;39(6):728-33. [DOI: ]

***Kamei 2015***

Kamei, Tomoko; Kajii, Fumiko; Yamamoto, Yuko; Irie, Yukako; Kozakai, Rumi; Sugimoto, Tomoko; Chigira, Ayako; Niino, Naoakira. Effectiveness of a home hazard modification program for reducing falls in urban community-dwelling older adults: A randomized controlled trial. *Japan journal of nursing science* : JUNS 2015;12(3):184-97. [DOI: ]

***Keall 2015***

Keall, Michael D.; Piers, Nevil; Howden-Chapman, Philippa; Cunningham, Chris; Cunningham, Malcolm; Guria, Jagadish; Baker, Michael G.. Home modifications to reduce injuries from falls in the home injury prevention intervention (HIP) study: a cluster-randomised controlled trial. *Lancet* (London, England) 2015;385(9964):231-8. [DOI: ]

***Lin 2007***

[Empty]

***Nikolaus 2003***

[Empty]

***Pardessus 2002***

[Empty]

***Pighills 2011***

Pighills, Alison C.; Torgerson, David J.; Sheldon, Trevor A.; Drummond, Avril E.; Bland, J. M.. Environmental assessment and modification to prevent falls in older people. *Journal of the American Geriatrics Society* 2011;59(1):26-33. [DOI: ]

***Sheffield 2013***

Sheffield, Chava; Smith, Charles A.; Becker, Mary. Evaluation of an agency-based occupational therapy intervention to facilitate aging in place. *The Gerontologist* 2013;53(6):907-18. [DOI: ]

***Stevens 2001***

[Empty]

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## Excluded studies

### *Currin 2012*

Currin, Michelle L.; Comans, Tracy A.; Heathcote, Kathy; Haines, Terry P.. Staying safe at home. Home environmental audit recommendations and uptake in an older population at high risk of falling. *Australasian journal on ageing* 2012;31(2):90-5. [DOI: ]

### *Drahota 2013*

Drahota A.M.; Kward D.; Udell J.E.; Soilemezi D.; Ogollah R.; Higgins B.; Dean T.P.; Severs M.. Pilot cluster randomised controlled trial of flooring to reduce injuries from falls in wards for older people. *Age and Ageing* 2013;42(5):633-640. [DOI: ]

### *Lannin 2007*

Lannin N.A.; Clemson L.; McCluskey A.; Lin C.-W.C.; Cameron I.D.; Barras S.. Feasibility and results of a randomised pilot-study of pre-discharge occupational therapy home visits. *BMC Health Services Research* 2007;7(Web Page):no pagination. [DOI: ]

### *Luck 2013*

Luck, Tobias; Motzek, Tom; Luppa, Melanie; Matschinger, Herbert; Fleischer, Steffen; Sesselmann, Yves; Roling, Gudrun; Beutner, Katrin; König, Hans-Helmut; Behrens, Johann; Riedel-Heller, Steffi. Effectiveness of preventive home visits in reducing the risk of falls in old age: a randomized controlled trial. *Clinical interventions in aging* 2013;8(Journal Article):697-702. [DOI: ]

### *Zhang 2012*

Zhang L.-l.; Dalal K.; Yin M.-m.; Yuan D.-g.; Andrews J.Y.; Wang S.-m.. The KAP evaluation of intervention on fall-induced injuries among elders in a safe community in Shanghai, China. *PLoS ONE* 2012;7(3):no pagination. [DOI: ]

## Studies awaiting classification

## Ongoing studies

## Other references

## Additional references

## Other published versions of this review

## Data and analyses

### 1 Intervention vs Kontrol

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Fald (uden bevidsthedstab) 12-18 måneder efter afsluttet intervention	7	4210	Rate Ratio (IV, Random, 95% CI)	0.75 [0.61, 0.93]
1.2 Antal af personer som falder (uden bevidsthedstab) ½ år efter afsluttet intervention	1	198	Risk Ratio (IV, Random, 95% CI)	0.27 [0.08, 0.93]
1.2.2 Antal af personer som falder (uden bevidsthedstab) (½ års FU)	1	198	Risk Ratio (IV, Random, 95% CI)	0.27 [0.08, 0.93]
1.3 Antal af personer som falder (uden bevidsthedstab) 12-18 måneder efter afsluttet intervention	7	4053	Risk Ratio (IV, Random, 95% CI)	0.88 [0.81, 0.96]
1.5 Fald med fraktur (major injury) 12 måneder efter afsluttet intervention	3	1110	Risk Ratio (IV, Random, 95% CI)	1.03 [0.94, 1.13]
1.8 Frygt for fald (FES-I) ½ år efter afsluttet intervention	2	225	Mean Difference (IV, Random, 95% CI)	-2.18 [-4.62, 0.26]
1.8.1 Frygt for fald (FES-I) (½ års FU)	2	225	Mean Difference (IV, Random, 95% CI)	-2.18 [-4.62, 0.26]
1.9 Dagligt aktivitetsniveau (accelerometer/skridttæller, PROM) 1 år efter afsluttet intervention	1	198	Mean Difference (IV, Fixed, 95% CI)	-0.50 [-2.72, 1.72]
1.9.1 Dagligt aktivitetsniveau (accelerometer/skridttæller, PROM) (1 års FU)	1	198	Mean Difference (IV, Fixed, 95% CI)	-0.50 [-2.72, 1.72]
1.10 Livskvalitet 1 år efter afsluttet intervention	2	225	Mean Difference (IV, Random, 95% CI)	0.03 [-0.02, 0.07]
1.10.1 Livskvalitet (1 års FU)	2	225	Mean Difference (IV, Random, 95% CI)	0.03 [-0.02, 0.07]

## Figures

Figure 1

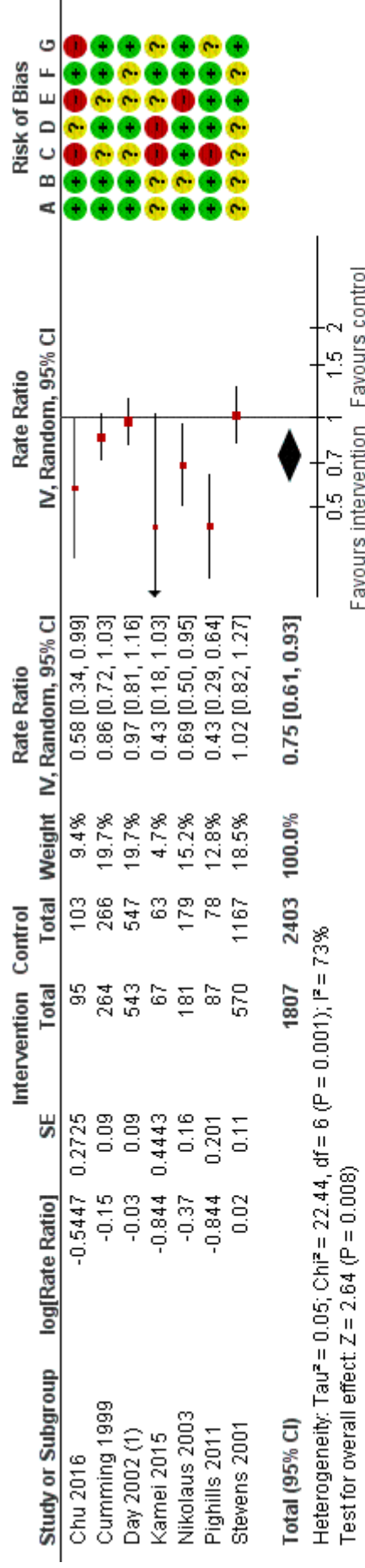
	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of participants and personnel (performance bias)	Blinding of outcome assessment (detection bias)	Incomplete outcome data (attrition bias)	Selective reporting (reporting bias)	Other bias
Campbell 2005	+	+	?	+	+	+	+
Chu 2016	+	+	-	?	-	+	-
Cumming 1999	+	+	?	+	?	+	+
Day 2002	+	+	?	+	?	?	+
Fitzharris 2010	+	+	-	+	+	+	+
Kamei 2015	?	?	-	-	?	+	?
Keall 2015	+	?	-	?	+	+	+
Lin 2007	?	?	?	?	-	+	+



Nikolaus 2003	+	?	+	+	-	+	+
Pardessus 2002	+	?	?	+	?	+	?
Pighills 2011	+	+	-	+	+	+	?
Sheffield 2013	+	?	-	-	+	+	?
Stevens 2001	?	?	?	+	+	?	+

Risk of bias summary: review authors' judgements about each risk of bias item for each included study.

Figure 2 (Analysis 1.1)



Footnotes

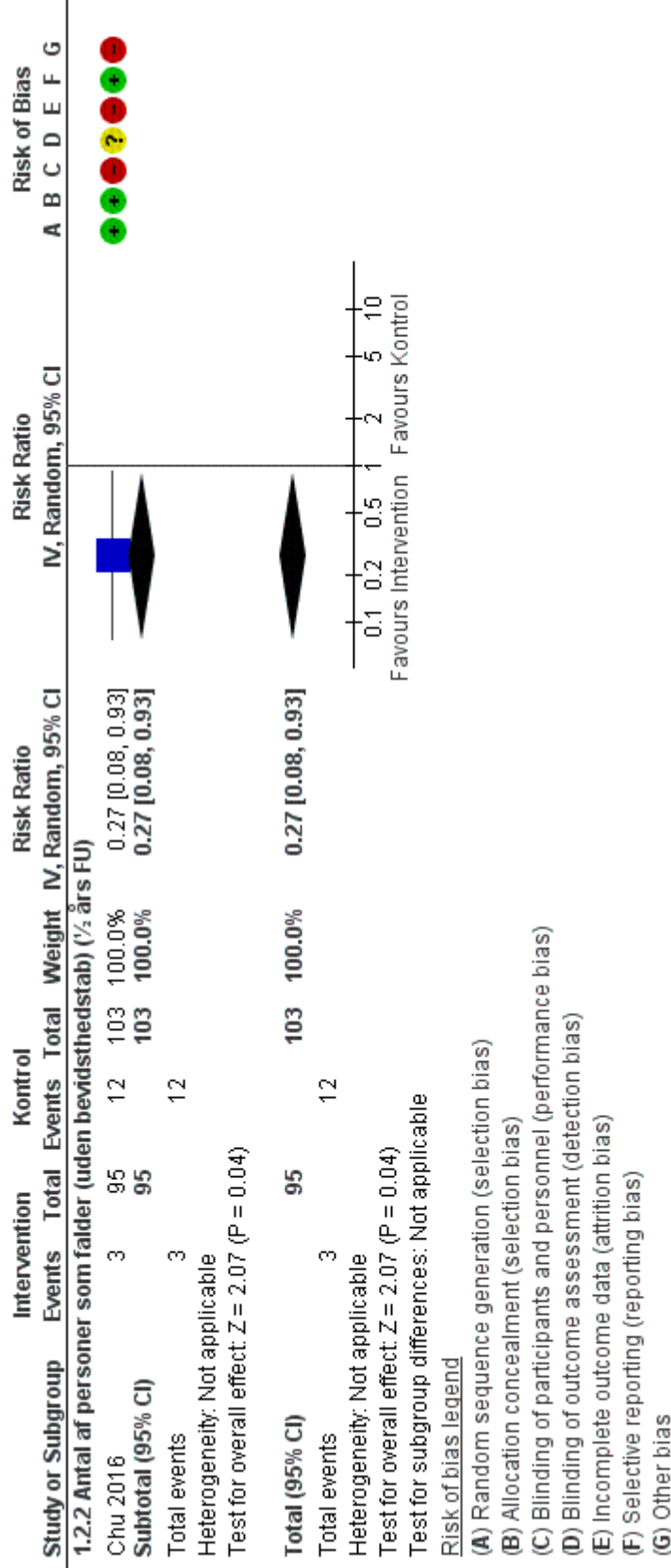
(1) Factorial design: home safety intervention groups vs remainder (no home safety intervention)

Risk of bias legend

- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)
- (G) Other bias

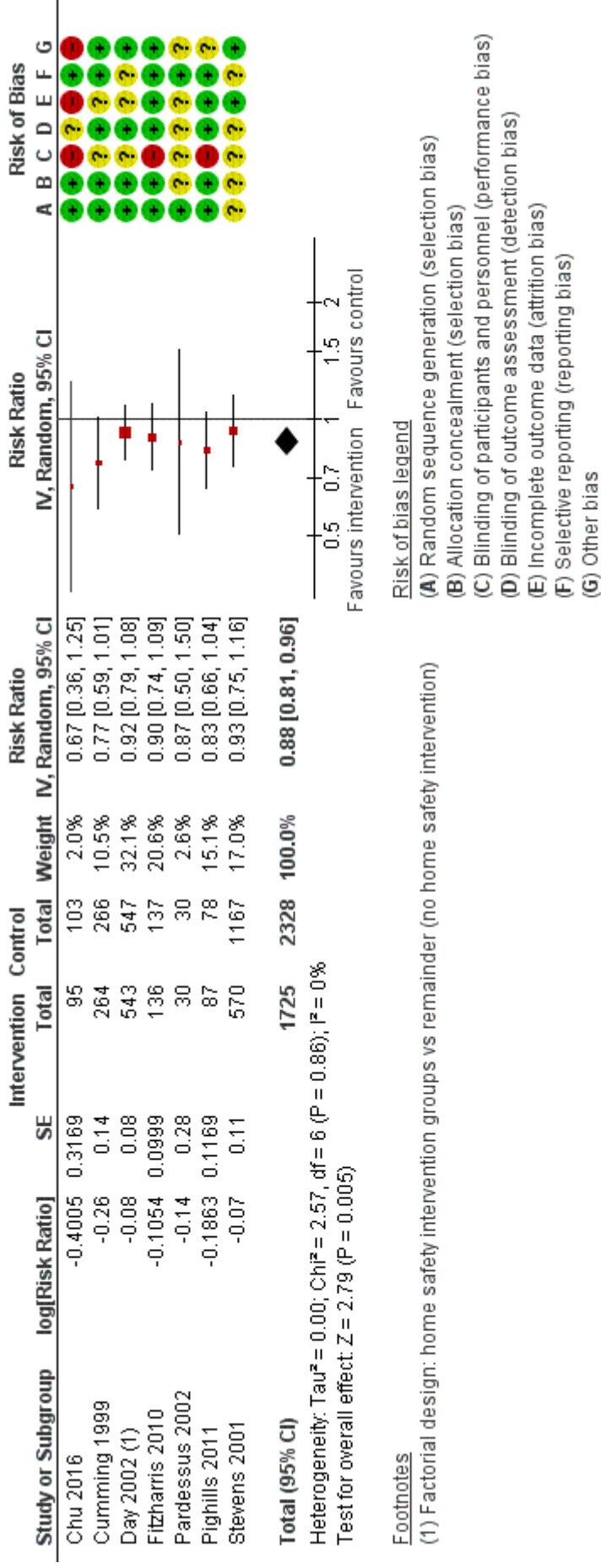
Forest plot of comparison: 1 Intervention vs Kontrol, outcome: 1.1 Fald (uden bevidsthedstab) 12-18 måneder efter afsluttet intervention.

**Figure 3 (Analysis 1.2)**



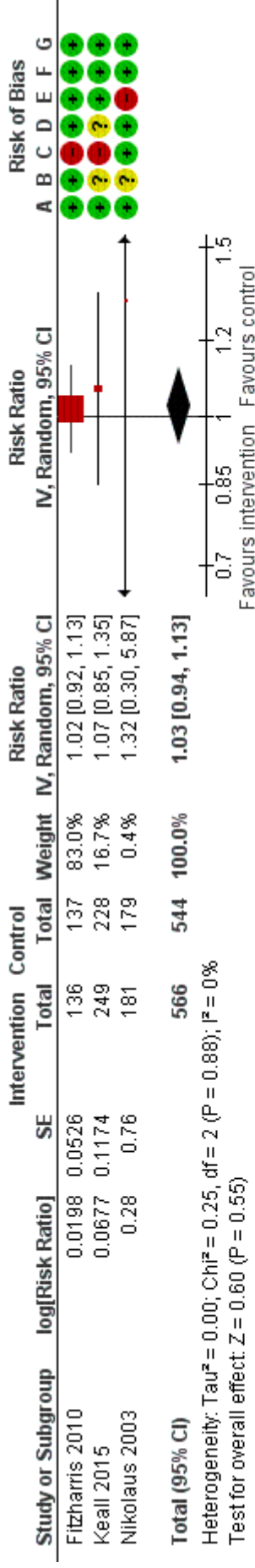
Forest plot of comparison: 1 Intervention vs Kontrol, outcome: 1.2 Antal af personer som falder (uden bevidsthedstab) 1/2 år efter afsluttet intervention.

**Figure 4 (Analysis 1.3)**



Forest plot of comparison: 1 Intervention vs Kontrol, outcome: 1.3 Antal af personer som falder (uden bevidsthedstab) 12-18 måneder efter afsluttet intervention.

Figure 5 (Analysis 1.5)

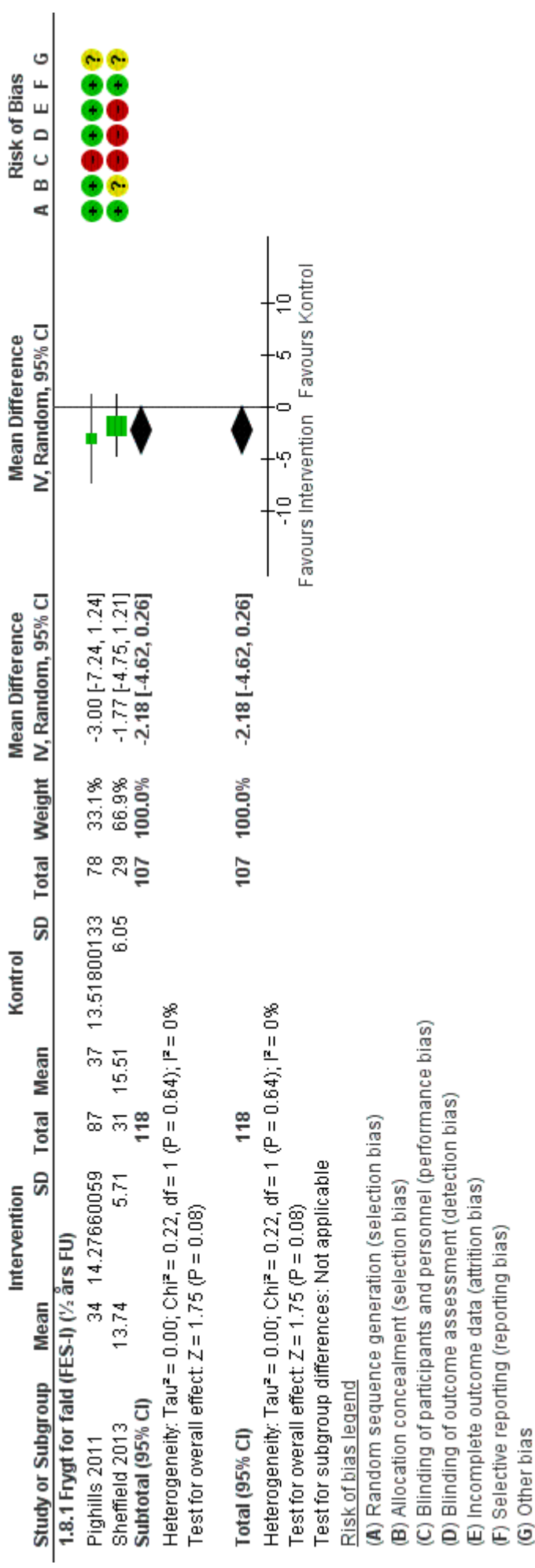


Risk of bias legend

- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)
- (G) Other bias

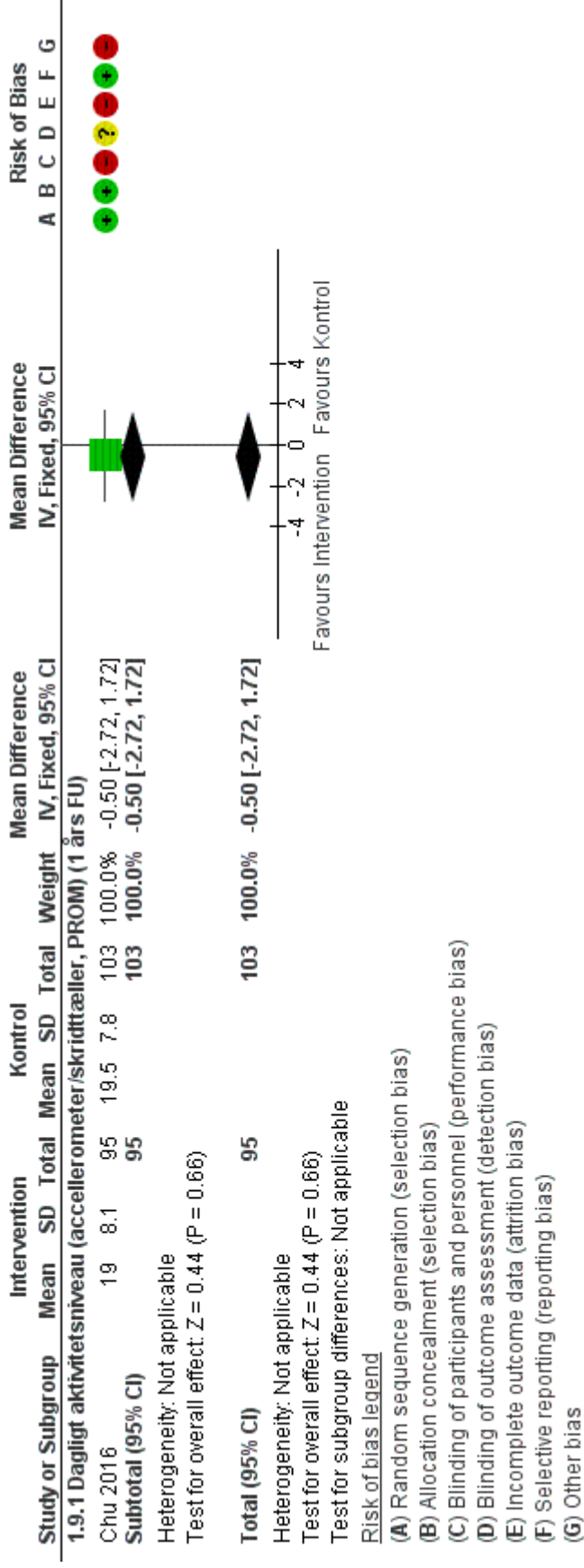
Forest plot of comparison: 1 Intervention vs Kontrol, outcome: 1.5 Fald med fraktur (major injury) 12 måneder efter afsluttet intervention.

**Figure 6 (Analysis 1.8)**



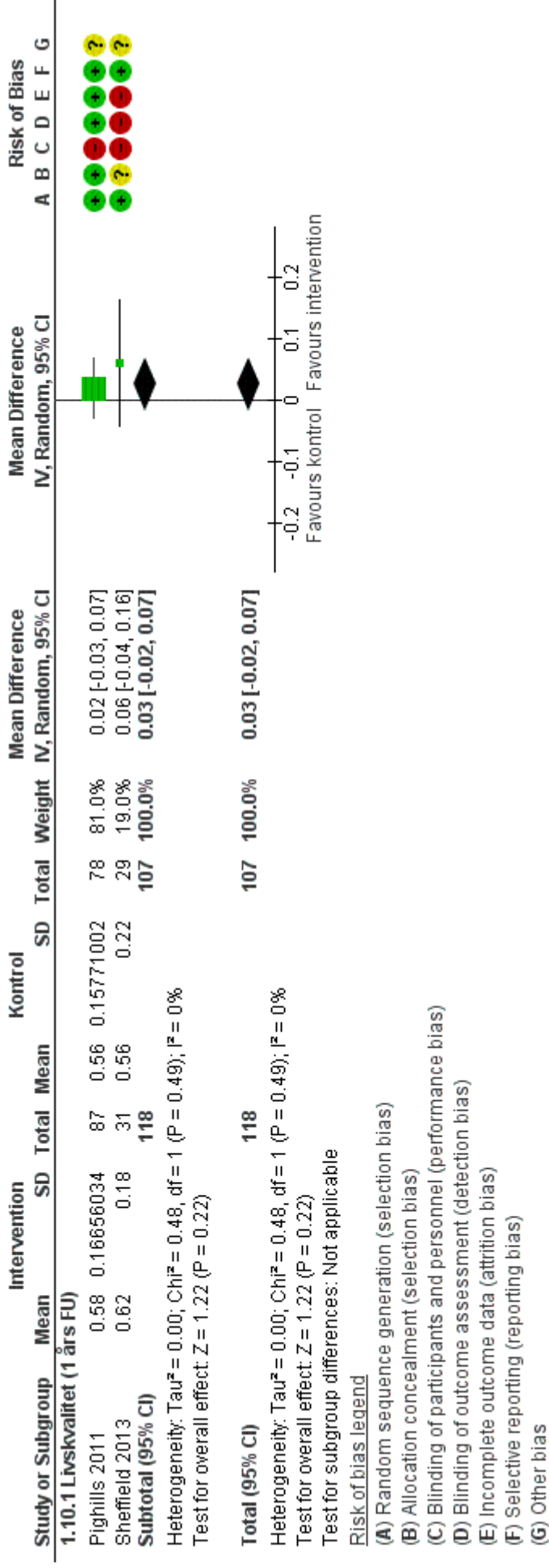
Forest plot of comparison: 1 Intervention vs Kontrol, outcome: 1.8 Frygt for fald (FES-I) ½ år efter afsluttet intervention.

**Figure 7 (Analysis 1.9)**



Forest plot of comparison: 1 Intervention vs Kontrol, outcome: 1.9 Dagligt aktivitetsniveau (accelerometer/skridttæller, PROM) 1 år efter afsluttet intervention.

**Figure 8 (Analysis 1.10)**



Forest plot of comparison: 1 Intervention vs Kontrol, outcome: 1.10 Livskvalitet 1 år efter afsluttet intervention.