

COST-EFFECTIVENESS OF INTERVENTIONS PREVENTING FALLS IN OLDER ADULTS: A SYSTEMATIC REVIEW



Schmidt M¹, Werbrouck A^{2,3}, Verhaeghe N^{1,2}, Putman K¹, Annemans L² [†], Simoens S³ [†]
¹Vrije Universiteit Brussel, Brussels, Belgium ²Ghent University, Ghent, Belgium
³KU Leuven, Leuven, Belgium
[†]Shared last authorship

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METHODS

MEDLINE (via PubMed), Econlit (via Proquest), Embase (via embase.com), and Web of Science Core Collection (via Web of Science) were searched for **full health economic evaluations** of interventions aimed at the prevention of falls and fall-related injuries in **adults aged ≥65 years**, published in English, Dutch, German or French between **1 July 2008 and 30 May 2018**.

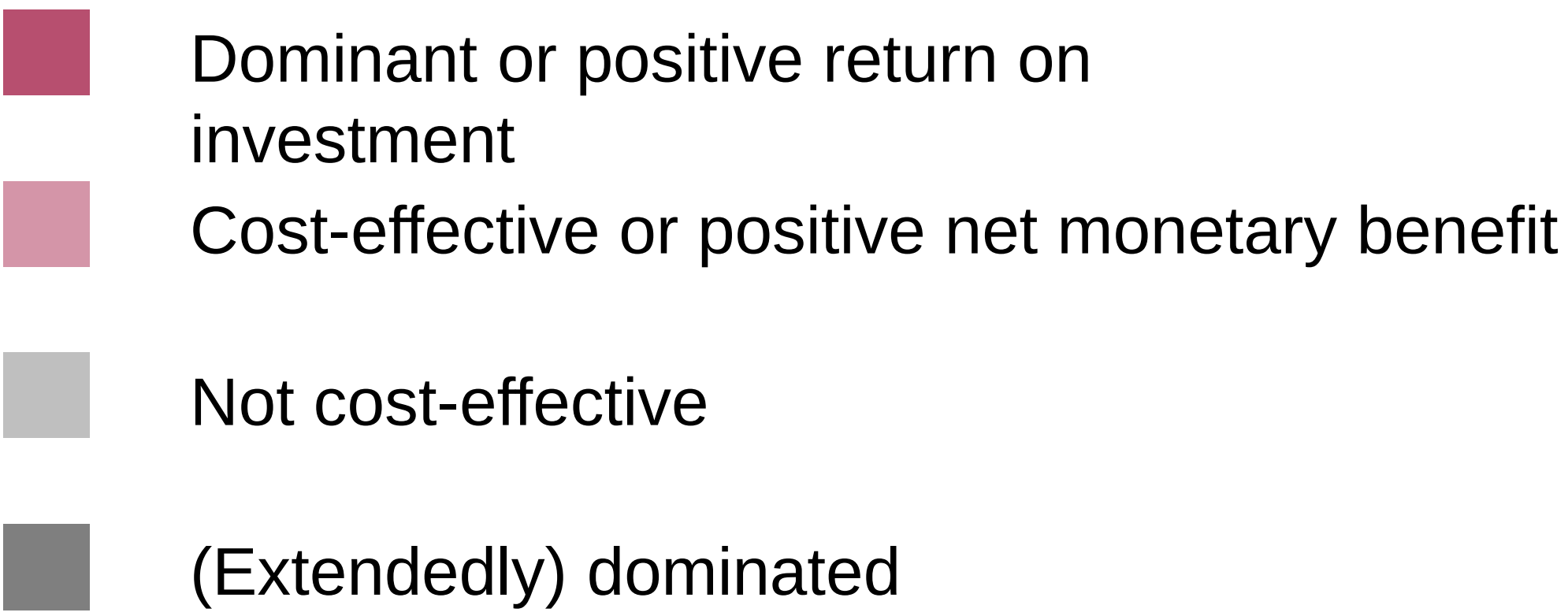
RESULTS

934 titles and abstracts were screened for eligibility. **28 studies** reported in 29 articles were included. Together, the **28 studies** contained **84 base case comparisons** (intervention vs usual care or another intervention).

Table 1. Cost-effectiveness of different interventions compared to usual care from the 20 studies in which the results were expressed as an incremental cost-utility ratio, net monetary benefit and/or return on investment (57 base case comparisons)

SUB-POPULATION INTERVENTION		WESTERN EUROPE					HIGH-INCOME NORTH AMERICA					AUSTRALASIA																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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CHEC, Consensus on Health Economic Criteria (Evers et al, 2005); HSAM, home safety assessment and modification ^a Interpretation of the authors of this systematic review ^b Four comparisons (population screening/universal supplementation for men/women) ^c Two comparisons (multifactorial intervention based on referral/based on active intervention) ^d One study reported in two publications. ^e Average of the two publications



CONCLUSION

There is evidence supporting the **health economic value** of interventions preventing falls in older adults. Few studies evaluated interventions for older adults living in care facilities. The results should be interpreted in light of the great variability in the studies and general difficulties in comparing evidence from health economic evaluations.