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Randomised controlled trial and economic evaluation of domiciliary medication review by pharmacists in Norfolk & Suffolk

Submission date 11/02/2003	**Recruitment status** No longer recruiting	[_] Prospectively registered [_] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 11/02/2003	**Overall study status** Completed	
Last Edited 07/09/2009	**Condition category** Other	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
G106/991

Study information

Scientific Title

Acronym
The HOMER trial

Study objectives
To determine whether domiciliary medication review leads to reductions in emergency hospital admissions and an improvement in quality of life compared to standard care among elderly subjects (80 years old and over).

Ethics approval required
Old ethics approval format

Ethics approval(s)
Not provided at time of registration.

Study design
Randomised controlled trial

Primary study design
Interventional

Study type(s)
Quality of life

Health condition(s) or problem(s) studied
Not Applicable

Interventions
Two groups:

Control group received standard care (whatever that entails).

Intervention group are referred to a review pharmacist. The review pharmacist will complete a standard medication review form and will then arrange a home visit at a time when they can meet the patient and any carers helping them with their drugs. The home visit will include a brief assessment of their ability to self-medicate and an assessment of drug compliance. The review pharmacist will, where appropriate:
a. Educate the patient/carer
b. Remove out-of-date drugs (with the patient's consent)
c. Feedback to the GP possible drug reactions/interactions
d. Feedback to the local pharmacist the need for a compliance aid.

One follow-up visit will occur at 6-8 weeks post-recruitment to allow reinforcement of the original advice.

Intervention Type
Other

Phase

Not Applicable

Primary outcome(s)
Total number of emergency hospital admissions by 6-months

Key secondary outcome(s))
1. Total number of emergency hospital admissions by 3 months
2. Hospital/nursing/residential home admissions for respite care by 3 & 6 months
3. Admissions to nursing/residential care for long-term care by 3 & 6 months
4. Deaths by 3 & 6 months
5. Self-assessed quality of life at 3 & 6 months (using EQ-5D)
6. Average medication costs at 6 months

Completion date
31/12/2004

Eligibility

Key inclusion criteria
1. Discharged after an emergency hospital admission
2. 80 years and over
3. Prescribed two or more daily medications
4. Living in own home or warden controlled accommodation
5. Norfolk or Suffolk resident

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Senior

Sex
All

Key exclusion criteria
Living in a residential or nursing home.

Date of first enrolment
01/01/2001

Date of final enrolment
31/12/2004

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
School of Medicine
Norwich
United Kingdom
NR4 7TJ

Sponsor information

Organisation
Medical Research Council (MRC) (UK)

Funder(s)

Funder type
Research council

Funder Name
NHS Eastern Region R&D (reference number: HSR/1199/2) (UK)

Funder Name
Medical Research Council (reference number: G106/991) (UK)

Alternative Name(s)
Medical Research Council (United Kingdom), UK Medical Research Council, Medical Research Committee and Advisory Council, MRC

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Funder Name
Norfolk Health Authority (no reference number allocated) (UK)

Funder Name
Norfolk Social Services (no reference number allocated) (UK)

Funder Name
Suffolk Social Services (no reference number allocated) (UK)

Funder Name
Pharmacy Practice Unit, UEA (no reference number allocated) (UK)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	05/02/2005		Yes	No