The effect of a mobile safety alarm on going outside, feeling safe, fear of falling and quality of life in community living older persons.

Submission date	Recruitment status	Prospectively registered
20/07/2010	No longer recruiting	Protocol
Registration date	Overall study status	Statistical analysis plan
02/09/2010	Completed	Results
Last Edited	Condition category	Individual participant data
02/09/2010	Other	Record updated in last year

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number N/A

Study information

Scientific Title

The effect of a mobile safety alarm on going outside, feeling safe, fear of falling and quality of life in community living older persons: A randomised controlled trial

Study objectives

What is the effectiveness of a mobile alarm in changing the frequency of going outside of older people and what are their experiences about safety, fear of falling and quality of life?

Ethics approval required

Old ethics approval format

Ethics approval(s)

The Medical Ethical Committee of University of Amsterdam/Academic Medical Centre Amsterdam reviewed this study and confirmed that as a social study, it did not require ethics approval.

Study design

2 armed randomised controlled trial

Primary study design

Interventional

Study type(s)

Quality of life

Health condition(s) or problem(s) studied

New communication technology and services for older persons

Interventions

The intervention consisted of a mobile safety alarm with an inbuilt drop sensor. The mobile alarm was a prototype in development and uses a positioning system patented Europe-wide. The alarm went off by pressing a button. An integrated hand free function allowed the user to speak to personnel of an emergency call centre, even if the user didnt hold the device at their ear. If the user had fallen, the system automatically registered this and independently made a voice call to the emergency call centre. The Butler used a new kind of positioning system. The user of the alarm was located in 3 steps: their rough location was found via the cell phone network: from close-range, their position was pinpointed via an integrated tracking device and a beeping sound emitted from the device. This procedure allowed first-aiders to reliably find someone, even where conventional positioning systems such as GPS fail, such as in buildings or underground garages.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Primary outcome measure was change in the frequency of going outside. The frequency of going outside will be assessed in a telephone interviews at baseline and at 1, 2, 4 and 6 months follow-up.

Key secondary outcome(s))

The following secondary outcomes will be assessed in a telephone interview at baseline, and at

- 1, 2, 4 and 6 months follow-up:
- 1. Fear of Falling (Visual Analogue Scale [VAS]-FOF)
- 2. Unsafe feelings (VAS for Feeling Unsafe)
- 3. Quality of Life (VAS-EQ-5D).
- 4. Falls (data on falls were collected prospectively with use of fall calendars)

Completion date

31/03/2010

Eligibility

Key inclusion criteria

- 1. Having a home-based alarm
- 2. Community-dwelling
- 3. Being able to go outside alone
- 4. Willingness to participate

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Senior

Sex

Αll

Key exclusion criteria

Confined to bed

Date of first enrolment

16/07/2009

Date of final enrolment

31/03/2010

Locations

Countries of recruitment

Netherlands

Study participating centre Academic Medical Center

Amsterdam

Sponsor information

Organisation

City council Amsterdam (Netherlands)

Funder(s)

Funder type

Government

Funder Name

City council of Amsterdam (Netherlands)

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?

Participant information sheet Participant information sheet 11/11/2025 No Yes