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Change in food and drink provision in homes for the elderly: effects on health and wellbeing

Submission date 03/07/2008	**Recruitment status** No longer recruiting	[_] Prospectively registered [_] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 18/07/2008	**Overall study status** Completed	
Last Edited 14/05/2013	**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

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
N/A

Study information

Scientific Title
Effects of changes in food and drink provision on the health, wellbeing and nutritional status of elderly care home residents: a cluster-controlled trial

Study objectives
This study assessed the effects of a change in provision of food and drink, that aimed to improve health and wellbeing of a frail elderly population, at three care homes compared with three control homes. Effects on residents' falls (primary outcome), anaemia, weight, dehydration, cognitive status, depression, serum lipids and satisfaction with food and drink provision were analysed.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Ethics approval was received from the University of East Anglia, Institute of Health Ethics Committee on the 1st June 2006. A minor extension to this approval was granted on 13th February 2008.

Study design
Randomised, cluster controlled, non-blinded trial

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Not specified

Study type(s)
Quality of life

Participant information sheet
Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied
Health and wellbeing

Interventions
The aim was to recruit 120 participants to this trial; given that three homes were changing their food and drink provision we aimed to recruit as many residents within those homes, and the three control homes as we could.

The changes in food and drink provision, implemented between July and December 2006 in the three intervention homes were intended to improve comfort during meals (making eating more

like going to a restaurant than eating in a canteen), increase the level of choice available at meal times, making eating with others a pleasurable and more sociable experience and encourage fading appetites. They were also intended to widen the availability of drinks and snacks (to visitors as well as residents), encourage greater independence on the part of residents in choosing and obtaining their own snacks, and generally reduce the feeling of institutionalisation. Changes included spreading of meal times over 90 minutes (so residents can choose meal times and take as much time as they need) rather than all residents eating at a set time, decoration of the dining room, choice of hot or cold foods at all meals, menus on the tables, display of foods in the bain marie, fewer residents eating at any one time (making the atmosphere calmer and quieter), use of drinks machines providing cappuccino and other drinks for residents and visitors, and a wider selection of snacks available from the dining room and cooler 24 hours per day.

The control homes continued with their former provision until the end of the trial period (when they also switched to the new system).

Duration of follow up was 12 months after the change over for all participants.

Intervention Type
Other

Phase
Not Specified

Primary outcome measure
The primary outcomes were falls - both numbers of residents falling, and number of falls per resident.

All outcomes were assessed at baseline (just before the change of food and drink provision in intervention homes) and at one year following that change over.

Secondary outcome measures
1. Satisfaction with meals (questionnaire, with five options)
2. Body weight (body mass index [BMI] was calculated and both weight and BMI were followed)
3. Dehydration (single observation of the tongue by a trained nurse)
4. Cognitive functioning (Mini-Mental State Exam [MMSE], score out of 30, lower score indicating more cognitive impairment)
5. Depression (Hospital Anxiety and Depression Score [HADS], score 0 - 21 for depression, score of 8 or more signified risk of depression)
6. Haemoglobin (g/dl, with less than 12.0 g/dl signifying anaemia)
7. Cholesterol levels (serum total cholesterol in mmol/L, with those with high or low values seen to be 'at risk')

All of the outcomes except body weight were assessed at baseline (just before the change of food and drink provision in intervention homes) and at one year following that change over. Body weight was taken from routinely collected data within the homes, and was collected over the year before and the year after the change.

Overall study start date
25/06/2006

Completion date

20/12/2007

Eligibility

Key inclusion criteria
Any residents (either sex) of the six care homes were eligible to participate if they gave informed consent. Residents could choose to consent to any or all of the following parts of the study:
1. Allowing researchers access to their routinely collected data (from a variety of sources, collectively referred to as 'care notes')
2. Participating in an interview
3. Providing a fasting blood sample

Home managers were approached to check whether any residents would be unable to provide informed consent due to impaired cognition - for such residents relatives were asked for informed consent (blood tests were not requested of such residents or their relatives). Where a relative provided informed consent an interview was only undertaken where the resident appeared quite happy and relaxed during the process - where this was not the case the interview was immediately terminated.

Participant type(s)
Patient

Age group
Senior

Sex
Both

Target number of participants
120

Key exclusion criteria
1. Residents did not want to participate
2. Visiting the home for a short stay only
3. Where appropriate written informed consent was not obtained (as above)

Date of first enrolment
25/06/2006

Date of final enrolment
20/12/2007

Locations

Countries of recruitment
England

United Kingdom

Study participating centre
School of Medicine, Health Policy and Practice
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Sponsor information

Organisation
University of East Anglia (UK)

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Sponsor type
University/education

Website
http://www1.uea.ac.uk/cm/Home

ROR
https://ror.org/026k5mg93

Funder(s)

Funder type
Government

Funder Name
Norfolk County Council (UK)

Results and Publications

Publication and dissemination plan
Not provided at time of registration

Intention to publish date

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	27/05/2010		Yes	No