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# To determine if a peer-education model can improve the management of osteoporosis in community dwelling seniors

**Submission date**
29/08/2013

**Recruitment status**
No longer recruiting

**Registration date**
11/09/2013

**Overall study status**
Completed

**Last Edited**
16/09/2013

**Condition category**
Musculoskeletal Diseases

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

## Plain English summary of protocol

Background and study aims
Osteoporosis is a condition whereby the bones have lost strength and are at increased risk of fracture. It is well known to be underdiagnosed and undertreated. There are medications available that can significantly reduce the rate of fracturing but they are underused. The decision to treat is usually based on a fracture history and risk assessment, for example by measuring the bone mineral density (a measure of bone strength). The aim of this study was to test an educational model whereby a group of specially educated older peers could educate other seniors about the disease, its assessment and management, and assist them to navigate the healthcare system to get an assessment done and be placed on appropriate treatment by discussing the risk state with their family doctor.

Who can participate?
The study will be conducted in a limited geographic area in London Ontario, consisting of 13 apartment blocks with a high number of seniors. Anyone at or over the age of 65 and who is a resident of that community, can participate.

What does the study involve?
Participants will be randomly allocated to the intervention or the control group. Participants in the control group will receive usual care. Participants in the intervention group will attend a 2-hour education session presented by their peers, following which they will be assigned a monitor who will conduct a fracture risk assessment, encourage the subject to approach their doctor to obtain a bone mineral density (BMD) measurement, and with the result of the fracture risk assessment along with the BMD return to the physician for a final assessment on the need for treatment. The study will assess how many are successful at completing the assessment and being put on the appropriate medication.

What are the possible benefits and risks of participating?
The subjects may benefit from improvement in the management of their risk assessment if appropriate. There are no anticipated risks.

Where is the study run from?
At the University of Western Ontario, London, Ontario, Canada.

When is the study starting and how long is it expected to run for?
The study started in June 2008 and completed in September 2009.

Who is funding the study?
The study is funded by an unrestricted grant from the Alliance for Better Bone Health, an initiative of Procter and Gamble Pharmaceuticals.

Who is the main contact?
Dr Richard Crilly, Department of Medicine, University of Western Ontario.
Dr Marita Kloseck, mkloseck@uwo.ca

# Contact information

### Type(s)
Scientific

### Contact name
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# Additional identifiers

# Study information

### Scientific Title
A randomised trial to determine if a peer-education model can improve the management of osteoporosis in community dwelling seniors

### Study objectives
It is hypothesised that an education and mentoring model involving a small group of educated peer-mentors can increase the appropriate assessment and management of osteoporosis in a community of seniors.

### Ethics approval required
Old ethics approval format

### Ethics approval(s)
University of Western Ontario Research Ethics Board for Health Sciences, June 8, 2007, Research Number 12835E

**Primary study design**
Interventional

**Study design**
Randomised controlled trial

**Study type(s)**
Quality of life

**Health condition(s) or problem(s) studied**
Osteoporosis

**Interventions**
A small group of six senior volunteers will be educated regarding osteoporosis, its assessment and management. They will then educate their peers regarding the disease and its assessment and management. Each subject is assigned a mentor who will conduct a fracture risk assessment.

The control was "usual care".

**Intervention Type**
Other

**Phase**
Not Applicable

**Primary outcome(s)**
The proportion of subjects who complete the process and receive appropriate management. The outcomes were recorded at baseline and 6 months.This was by patient interview with their mentor who recorded the patient's progress through the system. The nature of the study was a one on one mentor and patient relationship so progress through the system was continually monitored and advice offered if problems arose. The final assessment was at 6 months.

**Key secondary outcome(s)**
No secondary outcome measures

**Completion date**
30/09/2009

# Eligibility

**Key inclusion criteria**
Aged 65 or over, either gender, living within the Cherryhill apartment complex

**Participant type(s)**
Patient

**Healthy volunteers allowed**
No

**Age group**

Senior

**Sex**
All

**Key exclusion criteria**
Inability to speak English

**Date of first enrolment**
07/06/2008

**Date of final enrolment**
30/09/2009

# Locations

**Countries of recruitment**
Canada

**Study participating centre**
**The University of Western Ontario**
London
Canada
N6A 5C1

# Sponsor information

**Organisation**
Proctor and Gamble Pharmaceuticals Inc (Canada)

**ROR**
https://ror.org/04rcgpb63

# Funder(s)

**Funder type**
Industry

**Funder Name**
An unrestricted grant from the Alliance for Better Bone Health, an initiative of Proctor and Gamble Pharmaceuticals (bought out by Warner Chilcott after the funding) (Canada)

# Results and Publications

## Individual participant data (IPD) sharing plan

### IPD sharing plan summary
Not provided at time of registration