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Preventive home visits for 75-year-old persons by the district nurse

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Abstract

Background: Action plans are needed to promote health and to prevent diseases amongst older persons so that they can remain with good health in their homes for as long as possible. One method which has been tried in many countries is preventive home visits. In Sweden, the Executive Board of The County Council of Stockholm decided to implement such visits for 75-year-old persons by the district nurse (DN). However there were questions about how to structure these preventive home visits so that they should benefit older persons' health and health conditions.

General aim: The general aims of this thesis were to describe 75-year old person's self-reported health and health conditions and to analyse the changes and effects on their health after a preventive home visit by the DN.

Method: In *study 1*, the 75-year-old person's self-reported health conditions were described (n=583). In *study II*, eight health care centres (HCCs) were randomized into a study group (SG) and eight HCCs were randomized into a control group (CG). The 75-year-old persons who were registered at these HCCs, SG (n=176) and CG (n=262) filled in a questionnaire in 2006 and 2007. The SG received a preventive home visit by the DNs and the CG was treated as usual. The 75-year-old person's self-reported health conditions, knowledge about the county council and local community and use of medication were analysed.

Result: Most 75-year-old persons reported their health as good or very good, but they also reported health problems such as: pain, in sleeping, memory failure, fatigue, poor understanding of their own health and illnesses, elimination patterns, underweight and overweight. Those living alone, those with elementary school education and women reported worse health and well-being than other groups (study I). At follow-up both the SG and the CG reported a decrease in health and well-being and an increase in medication. However, within the SG, health and well-being were stable regarding pain, vertigo, fatigue and mobility compared with the CG. The SG also increased their knowledge regarding the local community and county council facilities. The CG reported significantly more health problems in the category of activity in daily life. A majority, 84 %, of the 75-year-old persons reported that the preventive home visit was useful (study II). Conclusion: The 75-year-old persons experienced good or very good health and well-being at the same time as they self-reported many health problems. The study contributes to the knowledge about health issues that concern persons of this age group and what the DN should be aware of when performing preventive home visits. It also suggests how to educate DNs regarding such visits (study I). Preventive home visits following a predetermined structure might identify health problems (of which some of the 75-year-old persons wanted help with), like ADL, pain, vertigo, fatigue, mobility as these health issues were stable in the SG compared to the CG. However it did not have any effect on health behaviour or reduced the use of medication but it increased knowledge about the services and resources offered by the local county council and local community. Both health promotion and disease prevention strategies are necessary when working with preventive home visits as many participants were healthy at the same time as they had many health problems. The preventive home visit was seen as useful by a majority of the 75-year-old persons and made them feel secure (study II).

Keywords: 75-year-old persons, district nurse, health condition, health and well-being, preventive home visit, sense of coherence