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A typology of community-based complex interventions to sustain independence in older people

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Introduction

Community-based health services to sustain the independence of older people are often delivered in complex configurations yet the evidence base lacks clarity. Service provision and research would be improved by a typology of these complex interventions, enabling the existing evidence to be synthesised and effective intervention configurations to be identified. We aimed to produce such a typology to enable a systematic review and network meta-analysis.

Methods

We conducted a qualitative synthesis to develop a typology based upon published descriptions of these interventions. This involved four stages:

- (1) systematic identification of relevant RCTs;
- (2) the extraction of descriptions of the interventions (including control/comparison) using the Template for Intervention Description and Replication (TIDieR);
- (3) a qualitative synthesis generating categories of key intervention features; and
- (4) grouping the interventions based on the categories.

Components		
Action		Tailoring
Formal homecare	Physical exercise	Multifactorial-action from care planning
Health education	ADL training	Routine review (follow-on)
Providing aids and adaptations	Nutritional support	Medication review
Psychological therapy	Technology for communication and engagement	Routine risk screening
Cognitive training	Engagement in meaningful activities	Monitoring
Care voucher provision	Alternative medicine	
Social skills training	Welfare rights advice	

Results

Our search identified 496 reports of 129 RCTs involving 266 intervention arms. Nineteen core intervention components were generated, forming our typology. Action components aimed to change the person or context, tailoring components configured whether and what action components were planned. Multifactorial-action from care planning is the label we gave to a process of individualised, multidomain assessment and management whereby a tailored selection of action components are chosen, as in comprehensive geriatric assessment. Additionally, we labelled the absence of any of these components 'Available care'. 63 different intervention types (combinations) were identified.

Conclusions

The typology provides an empirical basis for service planning and evidence synthesis. Target populations are not explicitly integrated and should be considered separately. The components, being broad actions, are likely to endure; further components may be identified. However, the huge potential number of intervention types constitutes a challenge to typical approaches to effectiveness research. We recommend better reporting about organisational aspects of interventions and usual care.