

How effective is AAL?



The Styrian test region for AAL solutions (Austria)

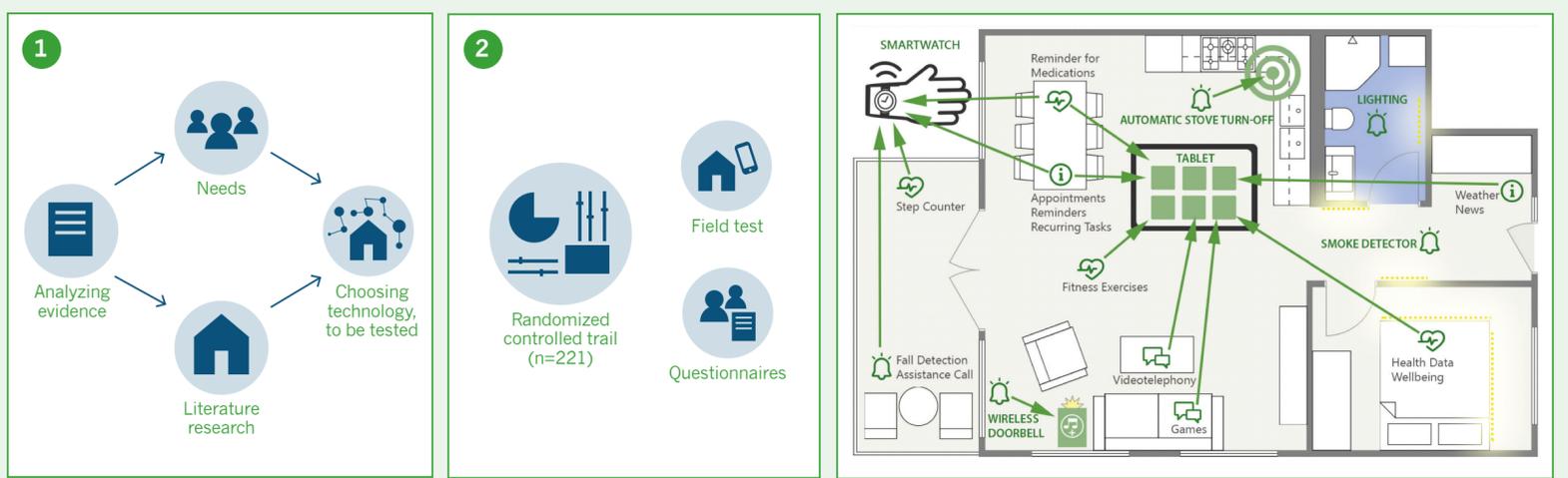
Results from an RCT among older people in Austria

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Background

- Many older people wish to **remain in their own environment** for as long as possible; an aim shared by the wider community.
- Active and assisted living (AAL) technologies are designed to **assist older people** in their wish, although only a few technologies have been effective so far. [2]
- But aging causes chronic, physical and mental illnesses. Multimorbidity is associated with social exclusion and thus perceived or actual need for help in the elderly. This increases the need for **nursing and social support** in order to be able **to live independently at home**. [1]
- The **results** of the RegionAAL study (Styria, Austria) are reported here.

Methods



Inclusion Criteria

Care Level (A)	0 – 4
Age	60+
Cognition	No present dementia diagnosis
Housing situation	At home or in a facility for assisted living
Need of care	Informal or formal care at least twice a week; or visit a day care center; or lives in a facility for assisted living
Carer	Carer willing to attend as well
Technologies	No use of a senior tablet or smartwatch with 2 or more of the following features: reminders (medication, drink etc.); measuring vital data; video telephone; technical conditions must be sufficient (e.g. Internet connection)

A tendency for more persons in the control group to require **assistance after one year** could be observed. The subscales autonomy and participation of the WHOQOL-OLD showed some significant declines in the control group (no deterioration in the intervention group). **No differences** between study arms regarding general health, chronic conditions or hospital admissions were observed. Expected reduction in worry among carers could not be observed, although there was a tendency for some aspects of **burden of care to be reduced**. The interventions did not lead to a reduction in carers' workload; neither did the carers see any direct improvement of their situation.

Conclusion

Some technologies such as cognitive games on the tablet, portable doorbell and automatic light sensor were **positively assessed**. The participants in the intervention group scored better on autonomy and participation subscales than the control group; the intervention group also fared somewhat better regarding **independence**. The technologies had little influence on general health states or quality of life of participants or carers. Further good quality studies are needed before AAL technologies are considered as a public health initiative.

Results

- 111 persons** and **104 carers** took part in the intervention group
- 110 participants** and **100 carers** in the control group
- Participant characteristics** were similar at baseline
- Average age** was 76 years
- Around 1/3** were formal carers

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LITERATURE
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 [2] https://www.ffg.at/sites/default/files/allgemeine_downloads/thematische%20programme/IKT/AAL%20Vision%202025.pdf (last accessed: 03 June 2019)