The PICOT Question and Six Peer-Reviewed Research

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**PICOT Problem**

Older adults are usually predisposed to falling, and they are most likely to sustain injuries due to falling. Falling may generate serious impacts to this population segments to an extent it may subject them to morbidity, and in some instances, it may even lead to death. Falls are marked with an increased physical disability, loss of confidence, and increased hospitalization in patients. While this problem seems severe, the PICOT question attempts to present an ultimate solution, and this is by making a comparison between various interventions that seek to manage the same problem and so, enables the clinician to identify the ultimate solution for the problem. The PICOT makes it clear that the multifactorial intervention for fall is the ultimate solution for the problem (Alvarez et al., 2015). This is because the program engages various interventions that are tailored towards managing the problem considering the fact the problem is always stemmed from compound issues. That said, the PICOT question is: in the patient population of the elderly inpatients with cognitive disorders (P), what is the impact of the multifactorial intervention (I) as compared to other interventions (C) in advancing their health conditions within six months (T)?

**Literature Search**

Albert, S. M., Edelstein, O., King, J., Flatt, J., Lin, C. J., Boudreau, R., & Newman, A. B. (2015). Assessing the quality of a non-randomized pragmatic trial for primary prevention of falls among older adults. *Prevention science*, *16*(1), 31-40. <https://doi.org/10.1007/s11121-014-0466-2>

Currently, the procedures for fall deterrence are based on the tertiary as well as the secondary deterrence, and they are piloted for individuals vulnerable to falls. In older adults, falls can be minimized if they can be informed about falls and their health being screened regularly to pinpoint the risk factors for the problem and engage preventive measures. The study adopted a non-randomized control trial as the design and it was used to assist in examining the potentiality of the combined training in addressing the concern of fall. The potentiality of the design was determined by examining enrolment and conducting follow-up in all study groups. The results suggest that the aging population based in high-ranking centers (90.5) and consent forms (82.4) completed the assessment successfully and hence, it was necessary to determine their progress through conducting follow-up. In summary, recruitment based on common sites as good as status at baseline, as well as retaining with the same experiences suggest that the design is effective in examining the approach that seeks to prevent falls.

Alvarez, K. J., Kirchner, S., Chu, S., Smith, S., Winnick-Baskin, W., & Mielenz, T. J. (2015). Falls reduction and exercise training in an assisted living population. *Journal of aging research*, *2015*. <http://dx.doi.org/10.1155/2015/957598>

The researchers commend the compound exercise programs by commenting that they are the ultimate methods for managing falls amongst the aging population. The authors attempted to determine the correlation between exercise program and Boston FCSIT along with the fall incidence in the assisted living community. The type of research qualitative because the adopted research design was a cross-sectional study. 39 participants were engaged in the study where 33 of them were vulnerable to falls. Compound models fluctuating for covariates illustrate a potential defensive correlation between the strength training program (OR=0.25; 95% CI=0.07, 0.85). The exercise training program engaged in the assisted training population was connected to the reduction in the fall rate, and so, the compound exercise programs are helpful in managing falls in this population.