

## Short title

- COFRAIL

## Period

- March 2018 to August 2021

## Project leader in Halle

- [Prof. Dr. phil. Gabriele Meyer](#)

## Staff members

- [Steffen Fleischer](#)
- [Jens Abraham](#)

## Consortium leader:

- Institute for General Medicine (ifam), Faculty of Medicine, Heinrich Heine University Düsseldorf, Project coordinator: Dr. med. Achim Mortsiefer, Consortium management: Prof. Dr. med. Stefan Wilm

## Consortium partners

- Dipl. Math. Birgitt Wiese, Medical Statistics and IT-Infrastructure, Institute for General Medicine, Medical University Hanover
- Prof. Dr. med. Attila Altiner, Institute for General Medicine, University Medical Center Rostock (2nd Study Center)
- Prof. Dr. Petra Thürmann, Institute for Clinical Pharmacology, University Witten/Herdecke (planning and accompanying the intervention)
- Prof. Dr. Gabriele Meyer, Institute for Health and Nursing Sciences, University Halle-Wittenberg (planning the process evaluation of the intervention)
- Prof. Dr. Dr. Andrea Icks MBA, Institute for Health Care Research and Health Economics, University Düsseldorf (health economic evaluation)

## Cooperating partners (advising on future site implementation)

- AOK Nordost
- Henrik Wiegelmann, self-help organization “Wir pflegen” (We Care);
- Prof. Dr. Christoph Ostgathe, Department of Palliative Medicine, University Clinic Erlangen
- Marjan van den Akker, PhD, Maastricht University, School CAPHRI, Department of Family Medicine

## Funding

- Innovation Commission of the Federal Joint Committee, (Registration No.: 01VSF17053)

## Abstract

## **Research issues and working hypothesis**

The geriatric frailty syndrome describes the condition of physical frailty connected to reduced life expectancy and increased risk of states of confusion, falls and hospital admission. Medical care for frail patients is complex, since there are many simultaneous health problems and the benefit of many of the medicinal and non-medicinal therapies for this group of patients is not assured. A special role is played by polypharmacy (taking five or more active pharmaceutical substances), which is seen as an intensifying factor for the geriatric frailty syndrome.

The COFRAIL project aims to improve the care provided by family doctors to outpatients. Here the family doctors, patients and their informal carers should discuss together which treatment goals are to be pursued with which means. The aim is to reach a joint decision about which medical measures should be continued or undertaken and which should be dispensed with. Special attention should be given to the prioritization of the pharmaceutical therapy

## **Methods**

In the project, three family conferences will be held for each of 670 patients. For this, the family doctors will receive several training sessions. In the end, the impact of family conferences on care will be examined and any differences to normal care will be identified.