## Abstract citation ID: ckae144.1613 Advanced nursing practise as a preventive approach for adults with intellectual disabilities

## Marie Grunwald

M Grunwald<sup>1</sup>, S Nadolny<sup>1,2</sup>, A Groendahl<sup>1</sup>, C Grebe<sup>1</sup>, K Ilskens<sup>1</sup>, T Schulenkorf<sup>1</sup>, N Borchardt<sup>1</sup>, S Palmdorf<sup>1,3</sup>, A Maaß<sup>1</sup>, Ä-D Latteck<sup>1</sup>

¹Department of Health, Institute for Education, Hochschule Bielefeld – University of

Applied Sciences and Arts, Bielefeld, Germany

<sup>2</sup>Interdisciplinary Center for Health Sciences, Martin Luther University Halle-Wittenberg, Halle (Saale), Germany

<sup>3</sup>Niels-Stensen-Kliniken, Nursing Science Unit, Franziskus-Hospital Harderberg, Georgsmarienhütte, Germany

Contact: marie.grunwald@hsbi.de

Background: Various barriers impede access to preventive health services for people with intellectual disabilities in Germany. As a result, they are more likely to suffer from certain chronic diseases. Internationally, Advanced Nursing Practice (ANP) has proven to be a suitable approach to care for this group. In Germany, ANP is not yet widespread. The aim of this study is to improve healthcare for people with intellectual disabilities through ANP-led case management.

Methods: A randomized controlled trial was conducted in an urban community setting. Inclusion criteria were: ICD-10 diagnosis F70-F79, age  $\geq$ 18 and care level  $\leq$ 3. The intervention group (IG) received four outreach home visits focused on prevention and health promotion. The control group (CG) received usual care. Allocation was done using computer-assisted, permuted block randomization. Researchers were blinded during data collection and analysis. The primary outcome was health status after 12 months (t2) (WHODAS). Secondary outcomes were health status after 6 months (t1), health-related quality of life (HQOL) after 6 and 12 months (EQ5D-VAS), and resilience after 6 and 12 months (RS-11). Analysis was performed via ANCOVA with Bonferroni correction at a significance level of 0.025.

**Results:** 214 participants were randomized. At t2, 176 participants remained (IG: n = 85, CG: n = 91). Health status at t2 showed a mean difference (MD) of -4.58 points in favor of the IG (p = 0.01). For resilience, a MD of + 1.95 (t2) points in favor of the IG was obtained (p = 0.05). We measured a MD for HQOL of -1.19 (p = 0.72) in favor of the CG.

Conclusions: A clinically relevant effect of ANP-led case management was achieved on the health status, but not on resilience and HQOL. ANP for people with intellectual disabilities can contribute to health promotion and thereby improve the community health. Therefore, ANP can be used as an innovative approach in the course of reorganization of healthcare for vulnerable populations in Germany.

## Key messages:

- ANP-led case management can have a clinically relevant effect on the heal status of people with intellectual disabilities over the course of one year.
- ANP-led case management can be seen as a new approach to health promotion and disease prevention in Germany.