

Essex Provider Forum

12 March 2025

Stow Healthcare's The Decaf Project



A joint investigation with Stow Healthcare and Care England into the impact of decaffeination on falls.



Impact of Caffeine



- A stimulant, an irritant and a diuretic
- Increases blood flow to kidneys, increasing amount of fluid and sodium filtered into renal cortex = increasing urine production
- This can increase frequency and urgency of urination



- Could removal/reduction of caffeine in hot drinks lead to a decrease in falls connected to going to the loo?

Impact of Falls



- Falls are the most common cause of injury-related deaths in people over 75
- People in care homes are 3 x more likely to fall than those living at home
- Around half of 80+ people fall at least once a year
- Fragility fractures cost the NHS £4.4bn p.a.
- £1.1bn of falls cost attributable to social care
- Hip fractures cost the NHS £2bn p.a.

Project initiation



- 2021 – University Hospitals of Leicester launch Taste the Difference Challenge
- Trial drew on research suggesting a high correlation between falls and lower urinary tract symptoms in hospital
- Patients invited to 'opt in'
- 50% couldn't taste the difference
- 76% said they would switch to decaf for health reasons (even if they could taste the difference)
- 30% reduction in toileting falls at UHL
- 63% outpatients reported improvement in overactive bladder symptoms

Expansion into social care



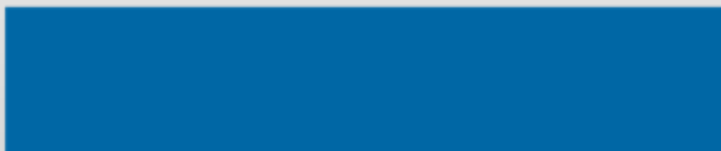
Always rushing to the toilet?



Caffeine in tea and coffee is a stimulant that can irritate the bladder causing urgency and frequent need to go.

Reducing bladder urgency could also reduce your risk of falls.

- Care England promoted the project in social care
- Stow Healthcare = 8 nursing and residential homes with approx. 350 residents
- Pre-trial work included blind taste testing, consent seeking, information providing
- 89% residents took up the trial



Trial Management



- Narrow scope on falls alone – not other health data fields
- Falls data collated monthly for six months
- Falls data also collated for the four months prior to the trial for baseline data
- Falls recorded pre and during trial on electronic care systems
- Required manual review monthly to establish falls likely to be related to going to the loo (if resident couldn't verbalise) - indicators such as location of fall
- No changes in recording required of staff

Results...

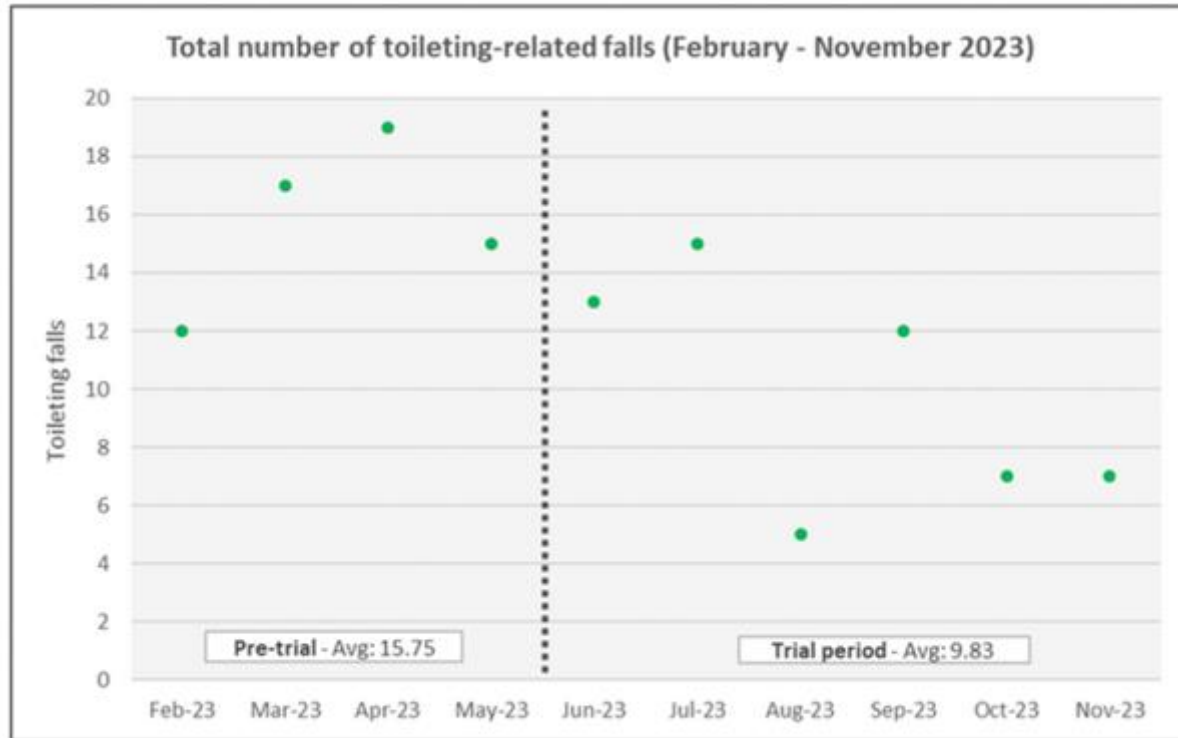


Figure 1: Total number of toileting-related falls (February – November 2023)

"Since being on decaf, once I go to sleep, I sleep right through until about 5am. I used to wake frequently through the night to go to the loo. Having an undisturbed night has made a huge difference to me, as I am no longer so tired during the day." - Robert (resident)

- Pre-decaf ave. 15.75 toileting falls per month
- During decaf ave 9.83 toileting related falls per month
- 37.59% toileting falls reduction as a proportion of occupancy over six months
- Pre-decaf just under 3 in 10 falls were associated with toileting
- During decaf only 2 in 10 falls were associated with toileting
- 29.21% reduction in falls associated with toileting as a proportion of total falls

Media Interest...





Where next?

- Expand trial in more acute settings and social care
- Undertake peer-reviewed research project
- Explore other factors – sleep, behaviour and other health factors



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