



Centre for Policy on Ageing
Information Service

Selected Readings

Falls and Older People

June 2010

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2010

Community falls prevention for people who call an emergency ambulance after a fall: randomised controlled trial; by Philippa A Logan, C A C Coupland, J R F Gladman (et al).

British Medical Journal, vol 340, no 7755, 15 May 2010, p 1070.

Can a rehabilitation service to prevent falls in the community reduce the rate of falls in people who fall and call an emergency ambulance but are not taken to hospital? This article is a summary of a paper on bmj.com of a randomised controlled trial (RCT) which recruited 204 people aged over 60 who lived at home or in residential care, 102 in each group. Controls received health and social services as usual. Participants had reviews of drugs and blood pressure and were referred when appropriate; at home, they were offered training in strength and balance, removal of potential hazards, and provision of aids, and in community centres, they were offered sessions on falls prevention. During a 12 month follow-up, 956 falls were reported, of which 649 were in the control group (84.5 person years) and 307 in the intervention group (88.6 person years). The incidence of falls per year was 3.46 in the intervention group and 7.68 in the control group. This community-based multidisciplinary falls prevention service significantly reduced the rate of falls. (RH)

ISSN: 09598138

From : www.bmj.comBMJ2010;340:c2102

Prevalence and correlates of frailty among community-dwelling older men and women: findings from the Hertfordshire Cohort Study; by Holly Syddall, Helen C Roberts, Maria Evandrou (et al).

Age and Ageing, vol 39, no 2, March 2010, pp 197-203.

Frailty, a multi-dimensional geriatric syndrome, confers a high risk for falls, disability, hospitalisation and mortality. The prevalence and correlates of frailty in the UK are unknown. Frailty, defined by Fried, was examined among community-dwelling young-old (64-74 years) men (n = 320) and women (n = 318) who participated in the Hertfordshire Cohort Study. The prevalence of frailty was 8.5% among women and 4.1% among men (P = 0.02). Among men, older age (P = 0.009), younger age of leaving education (P = 0.05), not owning or mortgaging one's home (odds ratio [OR] for frailty 3.45 [95% confidence interval CI] 1.01-11.81], P = 0.05, in comparison with owner/mortgage occupiers) and reduced car availability (OR for frailty 3.57 per unit decrease in number of cars available [95% CI 1.32, 10.0], P = 0.01) were associated with increased odds of frailty. Among women, not owning/mortgaging one's home (P = 0.02) was associated with frailty. With the exception of car availability among men (P = 0.03), all associations were non-significant (P > 0.05) after adjustment for co-morbidity. Frailty is not uncommon, even among community-dwelling young-old men and women in the UK. There are social inequalities in frailty which appear to be mediated by co-morbidity. (KJ/RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org><http://www.bgs.org.uk>doi:10.1093/ageing/afp204

Prevention of falls in the community; by Lindy Clemson.

British Medical Journal, vol 340, no 7755, 15 May 2010, pp 1042-1043.

Prevention of falls in the community is successful in trial settings, but translation into practice remains a challenge. This article critically reviews the randomised controlled trial (RCT) by Logan and colleagues described elsewhere in this issue of the British Medical Journal, comparing it with other similar studies. While the study showed a significant benefit to people at high risk of falls, the challenge is to enable ongoing referral and take-up in practice. Lindy Clemson suggests that further studies are needed. (RH)

ISSN: 09598138

From : www.bmj.comdoi: 10.1136/bmj.c2244

2009

The effects of usual footwear on balance amongst elderly women attending a day hospital; by N Frances Horgan, Fiona Crehan, Emma Bartlett (et al).

Age and Ageing, vol 38, no 1, January 2009, pp 62-67.

For a group of 100 older women (aged 65+) attending a day hospital in Ireland, wearing their own footwear was associated with significantly improved balance compared to being barefoot. In this study, a Berg Balance Scale (BBS) was completed under two conditions: shoes on and shoes off with order counter-balanced. Lower barefoot BBS scores were associated with a greater beneficial effect of footwear on balance. Shoe characteristics were not associated with change in the BBS score. The greatest benefit of footwear was seen in subjects with the poorest

balance. The authors recommend that older individuals at risk of falls do not go barefoot when walking. (RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org>

Elderly women's experiences of living with fall risk in a fragile body: a reflective lifeworld approach; by Leena Berlin Hallrup, Daniel Albertsson, Anita Bengtsson Tops (et al).

Health and Social Care in the Community, vol 17, no 4, July 2009, pp 379-387.

The purpose of this Swedish qualitative study was to explore the lived experience of fall risk from a lifeworld perspective in older women with previous fragility fractures. Thirteen women with a high risk of fall and fracture, aged 76-86, living in their own homes in rural areas, were recruited from a voluntary fracture prevention programme. All women had a history of fragility fractures and were interviewed in their homes from spring to autumn 2004. A phenomenological reflective lifeworld approach was chosen to analyse in-depth interview data. The study was conducted within an interdisciplinary research group inspired by dialogical research. Older women's life space has been narrowed due to advanced age, physical injury or by efforts to prevent new injuries leading to changes in self-perception. However, the women seek strategies to challenge limitations and insecurity, and strive to retain mobility and daily life routines. Four major constituents of the phenomenon 'elderly women's experiences of fall risk' emerged in this study: a changing body, living with precaution, ambiguous dependency, and influence and need for understanding. Employing the women's thoughts and resources in trust-based dialogues with caregivers may strengthen their concord and the prospects to continue an active life. Such older women seek strategies to challenge limitations and feelings of insecurity, and strive to maintain mobility and daily life routines. A trust-based care respecting the preferences of the women seemed to stimulate behavioural change in maintaining an active life. (KJ/RH)

ISSN: 09660410

From : <http://www.blackwellpublishing.com/hsc>

The national audit of services for falls and bone health; by Jonathan Bayly, Jonathan Trembl.

GM (Geriatric Medicine), vol 39, no 6, June 2009, pp 311-318.

Falls and related fractures are a major cause of disability and mortality in older people. Falls prevention services have been available in the UK for many years, but audits of these services show that improvements are needed. The authors discuss the results of the most recent audit, 'National audit of the organisation of services for falls and bone health of older people 2009', commissioned by Healthcare Quality Improvement Partnership. (RH)

ISSN: 0268201X

From : <http://www.gerimed.co.uk>

Older adults' perspectives on home exercise after falls rehabilitation: understanding the importance of promoting healthy, active ageing; by Helen Hawley.

Health Education Journal, vol 68, no 3, September 2009, pp 207-218.

This qualitative research study set out to explore what might encourage older people to exercise at home after falls rehabilitation. Research methods were used based on a grounded theory approach, to provide insights into older adults' experiences following a fall, of both rehabilitation and home exercise. Nine UK community-dwelling participants who had been through falls rehabilitation and who were over 60 years old were recruited through health professionals. Participants had attended one of three different rehabilitation centres, or were under the care of the Specialist Case Manager for Elderly, Frail and Falls who sees clients with more complex needs. The key factor causing older people to carry out their home exercise programme is a determination to regain independence following illness and a fall. However, social interaction has a key role to play in this strive for independence through supporting the continuation of home exercise. Interview data reveal that relationships with professionals, families and friends (the existence of social networks) during and after the rehabilitation process can impact on uptake and continuation of exercise. A grounded theory approach to research with older people can be a useful tool for informing health promotion workers and other health professionals in practice. This study helps us to acknowledge that from an older adult's perspective, independence is highly valued, and encourages us to consider how we can then adopt this as a motivator for participation in healthy, active ageing. When working with older people, professionals need to adopt a holistic approach to their health, using a person-centred approach to promote positive, active ageing. (KJ/RH)

ISSN: 00178969

From : <http://www.sagepublications.com>

Post-traumatic stress disorder in older people after a fall; by Man Cheung Chung, Kevin J McKee, Chris Austin (et al).

International Journal of Geriatric Psychiatry, vol 24, no 9, September 2009, pp 955-964.

Post-traumatic Stress Disorder (PTSD) is a debilitating psychological condition, never studied in relation to falls in older people. This study determined the prevalence and correlates of PTSD in a convenience sample of 196 people aged 65+ post-fall. Baseline data were collected by interview in hospital post-fall and by postal self-completion at 12 and 24 weeks post-baseline. Information collected at baseline included falls-related data, activity problems, fear of falling, PTSD symptoms, anxiety and depression, and at follow-up PTSD symptoms, anxiety and depression, the receipt of rehabilitation and further falls. In hospital, of 40 participants whose fall had occurred more than 1 month previously, 35% had full acute PTSD and 17.5% had partial acute PTSD. At follow-up, full or partial chronic PTSD was found in 26.1% of participants at first follow-up, and in 27.4% of participants at second follow-up. Older age, pre-fall activity problems, fear of falling, and anxiety assessed at baseline were associated with follow-up PTSD diagnosis, as were anxiety and depression assessed concurrently. PTSD occurs in a substantial minority of older people post-fall. No pattern emerged of factors predictive of PTSD, although the association between fear of falling and PTSD suggests some patients thought to have fear of falling may be manifesting PTSD and require identification to enable therapeutic intervention. (KJ/RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps>

A prospective observational study of falling before and after knee replacement surgery; by Annette Swinkels, John H Newman, Theresa J Allain.

Age and Ageing, vol 38, no 2, March 2009, pp 175-180.

Knee arthritis is a risk factor for falling. Increasing numbers of people are receiving total knee arthroplasty (TKA), but the natural history of falling before and after TKA is unknown. In this study with 1-year follow-up at the Avon Orthopaedic Centre, Bristol, 24.2% of those undergoing TKA fell in the 3 months before surgery. Post-operative falls rates were 11.7% to 11.8% per quarter in the first year. TKA led to the improvement in balance confidence, but this was not maintained in patients with a history of falling pre-operatively. TKA led to a reduction in depression symptomatology in non-fallers, but not in people who had fallen pre-operatively. Pre-operative falling was predicted by depression symptomatology and pre-operative history of falling. A recent history of falling is common in people undergoing TKA, and about 45% of patients fall again in the year following surgery. Patients being considered for TKA should be asked about falls history and undergo falls risk assessment and intervention. (RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org>

What do community-dwelling Caucasian and South Asian 60-70 year olds think about exercise for fall prevention?; by Maria Horne, Shaun Speed, Dawn Skelton (et al).

Age and Ageing, vol 38, no 1, January 2009, pp 68-73.

To identify salient beliefs that influence uptake and adherence to exercise for fall prevention among community-dwelling Caucasian and South Asian 60-70 year olds in the UK, the authors undertook an ethnographic study using participant observation, 15 focus groups (n=87; mean age 65.7), and 40 Individual semi-structured interviews (mean age 64.8). This qualitative study showed that both Caucasian and South Asian young older adults are generally not motivated to initiate or maintain exercise purely to help prevent falls. Both Caucasian and South Asian young older adults tend not to acknowledge their risk of falls. More similarities than dissimilarities seem to exist between Caucasian and South Asian older adults in their beliefs about falls and exercise for fall prevention. Fall prevention should not necessarily be the focus of health promotion strategies, but the peripheral benefits of exercise and leading active, healthy lifestyles should be promoted. (RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org>

The Winchester falls project: a randomised controlled trial of secondary prevention of falls in older people; by Claire L Spice, Wendy Morotti, Steve George (et al).

Age and Ageing, vol 38, no 1, January 2009, pp 33-39.

The mortality and morbidity of falls in older people is significant, with recurrent fallers being at an increased risk. This Mid Hampshire project determined the effectiveness of two interventions aimed at preventing further falls in recurrent fallers. In the first, 18 general practices were randomly allocated to one of three groups: a primary care group was assessed by nurses in the community, using a risk factor review and subsequent targeted referral to other

professionals. A secondary care group received a multidisciplinary assessment in a day hospital followed by identified appropriate interventions. A control group received usual care. Participants were 505 people aged 65+ living in the community, presenting to an emergency department with an index fall and with two or more falls in the previous year. Follow-up was for one year, and was completed by 421 (83%). The proportion of participants who fell again was lower in the secondary care group (75%, 158/210) compared to the control group (84%, 133/159). The primary care group showed similar results to the control group (87%, 118/136). A structured multidisciplinary assessment and intervention can reduce further falls. (RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org>

2008

Assessment of osteoporotic fracture risk in community settings: a study of post-menopausal women in Australia; by B-K Tan, Roger I Price, N Kathryn Briffa (et al).

Health and Social Care in the Community, vol 16, no 6, December 2008, pp 621-628.

The healthcare costs of managing osteoporotic fractures is projected to rise because of the change in population demographics. To reduce the fracture epidemic, strategies are needed to identify those at risk early, to allow preventative intervention to be implemented. This Australian study investigated whether low-cost community-based assessments, such as calcaneal ultrasound and falls risk assessments, can distinguish between a group of older women at risk of osteoporotic fracture and those at lower risk. During 2002 and 2003, 104 community-dwelling women (mean age 71.3, standard deviation 5.8) were recruited via various modes including advertisements in community newspapers and community centres. These women underwent dual-energy X-ray absorptiometry bone mineral density (BMD) and calcaneal quantitative ultrasound (QUS) measurements, spinal radiography, and performance-based assessment of strength, mobility and balance. The women were classified into a "high risk" (osteoporotic) group based on low BMD (T-score of -2.5 or less) and/or a history of a fragility fracture, or a "low risk" (non-osteoporotic) group. Multiple stepwise logistic regression identified decreased speed of sound (SOS), a QUS variable, and poor mobility (slower performance in timed "up and go" (TUG) task), as significant discriminators, adjusted for age. This result suggests that there may be a potential role for primary healthcare practitioners to use calcaneal QUS and functional mobility assessment (TUG) to screen for post-menopausal women at risk of osteoporotic fracture in community settings. (RH)

ISSN: 09660410

From : <http://www.blackwellpublishing.com/hsc>

Cluster randomised trial of a targeted multifactorial intervention to prevent falls among older people in hospital; by Robert G Cumming, Catherine Sherrington, Stephen R Lord (et al).

British Medical Journal, vol 336 no 7647, 5 April 2008, pp 758-760.

The efficacy of a targeted multifactorial falls prevention programme for patients with relatively short lengths of stay in hospital was determined in a study of 3999 patients (mean age 79; median length of stay 7 days) in 34 elderly care wards in 12 hospitals in Sydney, Australia. A nurse and physiotherapist each worked for 25 hours a week for 3 months in all intervention wards. They provided a multifactorial intervention that included a risk assessment of falls, staff and patient education, drug review, modification of bedside and ward environments, an exercise programme, and alarms to selected patients. Intervention and control wards were similar at baseline for previous rates of falls and individual patient characteristics. Overall, 381 falls occurred during the study. No differences were found in fall rates during follow-up between intervention and control wards: respectively 926 falls per 1000 bed days and 9.2 falls per 1000 bed days. The incidence ratio adjusted for individual lengths of stay and previous fall rates in the ward was 0.96. This targeted multifactorial falls prevention programme was not effective for older people in hospital for relatively short lengths of stay. (RH)

ISSN: 09598138

From : <http://www.bmj.com>

Cortical function, postural control, and gait; by Neil B Alexander, Jeffrey M Hausdorff (eds).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 63A, no 12, December 2008, pp 1325-1388 (Special section).

The link between cognition, gait and the potential for falls is being increasingly recognised; and the editors of this special section review some of the literature. In eight more articles, other experts present new data that further explore the mechanism underlying this link. Themes examined include: age-associated effects on dual tasks in

relation to gait speed or health; executive function and balance; executive function and cognitive impairment; navigation; attention when carrying out another task when walking; the effect of competing attentional demands when walking; and the possibility of cognitive impairment and underlying mobility impairment. (RH)

ISSN: 10795006

From : <http://www.geron.org>

The effects of fall prevention trials on depressive symptoms and fear of falling among the aged: a systematic review; by N Sjösten, S Vaapio, S-L Kivelä.: Taylor & Francis, January 2008, pp 30-46.

Aging & Mental Health, vol 12, no 1, January 2008, pp 30-46.

This systematic review aims to explore whether depressive symptoms and fear of falling have been used as outcome measures in fall prevention trials; and to determine the effects of fall prevention trials on these variables in older people. A literature search covering various medical databases was conducted to identify randomised controlled trials regarding the effects of fall prevention programmes on depressive symptoms and fear of falling in older people. Studies were classified according to the intervention method (single or multifactorial) and study results (positive/negative) regarding depressive symptoms and fear of falling. Methodological quality was assessed in relation to blinding at outcome assessment, follow-up, and whether intention-to-treat analysis was used. Depressive symptoms were used as an outcome measure in eight and fear of falling in 21 studies. A multifactorial approach seems the most effective method in reducing fear of falling, while some single methods such as T'ai Chi also seem beneficial. Little evidence was found relating to the effects of fall prevention trials on depressive symptoms. Fear of falling may be reduced by fall prevention programmes. More studies assessing the effects on depressive symptoms - especially among depressed older people - are needed. (RH)

ISSN: 13607863

From : <http://www.informaworld.com/CAMH>

Eldercare technology for clinical practitioners; by Majd Alwan, Robin A Felder (eds). Totowa, NJ: Humana Press, 2008, 231 pp (Aging medicine).

According the US Centers for Disease Control (CDC), nearly three-quarters of older people suffer from one or more chronic disease, such that they require some degree of formal or informal care. This book considers a range of technologies targeted at the assessment, early detection and mitigation of such conditions, including decline in functional abilities, gait, mobility, sleep disturbance, visual impairment, hearing loss, falls, and cognitive decline. It not only describes the state of embedded and wearable technologies (including those under research), but also focuses on their potential utility. (RH)

Price: \$99.50

From : Humana Press, 999 Riverview Drive, Suite 208, Totowa, New Jersey 07512, USA. Email: humana@humanapr.com

Environmental interventions to prevent falls in community-dwelling older people: a meta-analysis of randomized trials; by Lindy Clemson, Lynette Mackenzie, Claire Ballinger (et al).

Journal of Aging and Health, vol 20, no 8, December 2008, pp 954-971.

A pooled analysis of six trials (n=3298) demonstrated a 21% reduction in falls risk (relative risk, RR = 0.79; 0.65 to 0.97). The trials had been conducted in Australia (3), and one each in Germany, France and New Zealand. Heterogeneity was attributable to the large treatment effect of one trial. Analysis of a sub-group of studies with participants at high risk of falls (four falls, n=570) demonstrated a clinically significant 9% reduction of falls (RR= 0.61; 0.47 to 0.79), an absolute risk difference of 26% for a number needed to treat four people. Home assessment interventions that are comprehensive are well focused, and incorporate an environmental-fit perspective with adequate follow-up can be successful in reducing falls with significant effects. The highest effects are associated with interventions that are conducted with high risk groups. (RH)

ISSN: 08982643

From : <http://www.sagepublications.com>

The evolution of unintentional injury mortality among elderly in Europe; by Eleni Th Petriodou, Stavroula K Dikaloti, Nick Dessypris (et al).

Journal of Aging and Health, vol 20, no 2, March 2008, pp 159-182.

Cause-specific unintentional injury mortality trends among people aged 65+ in the European Union (EU) were compared over a 10-year period (1993-2002). Overall and cause-specific data for 23 out of the 29 EU and European Free Trade Association (EFTA) countries with populations of 1 million or more were retrieved from the World

Health Organization (WHO) and age-standardised mortality rates for the first and last 3 available years of the study period were calculated. Proportional mortality changes were estimated through linear regression. Circa 1993, country-specific rates varied widely (> fourfold), but this gap is closing and a statistically significant downward trend in overall mortality is noted circa 2002, in about half of the countries. Rates from falls were reduced by 4.3%, from motor vehicle traffic by 3.1%, and from smoke, fire and flames by 3.1%. A large proportion of EU countries enjoys steady declining trends by major unintentional injury mortality category. Success factors and barriers underlying these benchmarking patterns should be further explored to accelerate the process of injury reduction. (RH)

ISSN: 08982643

From : <http://www.sagepublications.com>

Fall risk-assessment tools compared with clinical judgment: an evaluation in a rehabilitation ward; by Michael Vassallo, Lynn Poynter, Jagdish C Sharma (et al).

Age and Ageing, vol 37, no 3, May 2008, pp 277-281.

200 patients admitted to a geriatric rehabilitation hospital had a STRATIFY and a Downton Fall Risk Assessment and were observed for wandering behaviour. Wandering had a predictive accuracy of 78%, with 157/200 identified compared to 100/200 using the Downton score of 93/200 using STRATIFY. The Downton and STRATIFY tools demonstrated predictive accuracies of 50% and 46.5% respectively. Sensitivity for predicting falls using wandering was 43.1%, significantly worse than Downton (92.9%) and STRATIFY (82.3%). While the study showed that clinical observation had a higher accuracy than the two risk assessment tools, it was significantly less sensitive implying that fewer patients who fell were correctly identified as being at risk. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Falls education for practitioners: auditing a three-tier learning approach; by Eileen Mitchell, Helen Lawes.

Nursing Older People, vol 20, no 1, February 2008, pp 27-30.

In line with National Institute for Clinical Excellence (NICE) guidelines (2004), practitioners in West Dorset are developing and maintaining their basic professional competence in falls assessment and prevention. Local 'falls champions' have been appointed to assist in the education of all staff who work in older people's services, in order to raise awareness and promote best practice. A three-tier style of education has been developed, to allow staff to learn skills of assessment and intervention in relation to falls prevention. Evaluation over a two-year period clearly demonstrates how primary care trust staff are beginning to meet the requirements of the NICE recommendation on 'education and information-giving', while choosing their own style of learning. (KJ/RH)

ISSN: 14720795

From : <http://www.nursingolderpeople.co.uk>

Fear of falling: measurement strategy, prevalence, risk factors and consequences among older persons; by Alice C Sheffer, Marieke J Schuurmans, Nynke van Dijk (et al).

Age and Ageing, vol 37, no 1, January 2008, pp 19-24.

Fear of falling (FOF) is a major health problem in older people living in communities, present not only in those who have fallen but also in older people who have never experienced a fall. This study's aims were to: study methods to measure FOF; study the prevalence of FOF among fallers and non-fallers; identify factors related to FOF; and investigate the relationship between FOF and possible consequences for community-dwelling older people. A systematic review identified 28 relevant studies from a systematic search of several databases and by cross-checking selected articles for other relevant publications. Due to the many different kinds of measurements used, the reported prevalence of FOF varied between 3% and 85%. The main risk factors for developing FOF are at least one fall, being female, and being older. The main consequences were identified as a decline in physical and mental performance, an increased risk of falling, and progressive loss of health-related quality of life (HRQoL). This review shows that there is great variation in the reported prevalence of FOF in older people, and that there are multiple associated factors. Knowledge of risk factors may be useful in developing multidimensional strategies to decrease FOF and improve quality of life. However, the only identifiable risk of FOF is a previous fall. In order to measure the impact of interventions, a uniform measurement strategy for FOF should be adopted, and follow-up studies should be conducted. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Feasibility of group delivery of the Alexander Technique on balance in the community-dwelling elderly: preliminary findings; by Glenna Batson, Sarah Barker.: The Haworth Press, Inc., 2008, pp 103-119.
Activities, Adaptation & Aging, vol 32, no 2, 2008, pp 103-119.

The Alexander Technique (AT) is a task-based approach to perceptual-motor learning that purports to improve coordination. This study examined the feasibility of a 2-week intensive programme of AT for improving balance and balance confidence in a group of ambulatory older people. Nineteen subjects with fall history (average age 78.8) participated. A brief, intensive group-delivered trial of exploratory perceptual learning appears feasible to incorporate into balance training and results in improved scores on balance outcomes. Further research of balance confidence is warranted to analyse discrepancies between self-reported and observed changes in confidence. (KJ/RH)

ISSN: 01924788

From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA. email:
haworthpress@taylorandfrancis.com(www.taylorandfrancis.com)

Home accidents in the community-dwelling elderly in Izmir, Turkey: how do prevalence and risk factors differ between high and low socioeconomic districts?; by Pembe Keskinoglu, Metin Picakcief, Nurcan Bilgic (et al).
Journal of Aging and Health, vol 20, no 7, October 2008, pp 824-836.

The prevalence of, and risk factors for, home accidents in two socio-economically contrasting regions of Turkey were determined and compared in a cross-sectional study of 497 older people age 65+. Data were analysed by chi square and t tests. Prevalence of home accidents was 39.9% in the low socioeconomic region and 13.1% in the high socioeconomic region in the previous 6 months. The most common type of accident was fall (51.7%) followed by cut or piercing (22%). Home accidents are associated with being female and increasing age in the higher socioeconomic region, whereas being female, being unmarried, and living in a squatter house are associated with home accidents in the low socioeconomic region. (RH)

ISSN: 08982643

From : <http://www.sagepublications.com>

How balance can overcome barriers; by Kathy Carter.

Quality in Ageing, vol 9, issue 1, March 2008, pp 41-44.

Balance is key to improving the quality of life for older patients. This article looks at barriers to participation, which exist in different forms in all areas of fitness and exercise, and are of an emotional or practical nature. The feature quotes a study published in The Gerontologist carried out by researchers at the University of Southampton's School of Psychology. They sought to identify factors that may inhibit uptake to falls-related interventions. Dr Dawn Skelton discusses the importance of exercise in reducing the number of falls and fall-related injuries in older people, and the BalanceMaster machine is highlighted. (KJ/RH)

ISSN: 14717794

From : <http://www.pavpub.com>

Inability to get up after falling, subsequent time on floor, and summoning help: prospective cohort study in people over 90; by Jane Fleming, Carol Brayne, Cambridge City over-75s Cohort (CC75C).

British Medical Journal, vol 337, no 7681, 29 November 2008, pp 1279-1282.

Being unable to get up and therefore lying on the floor for a long time are prevalent after falls in men and women over 90, and this study describes the incidence and extent, also the use of call alarm systems in these circumstances. 90 women and 20 men aged over 90, surviving participants of the Cambridge City over-75s Cohort (CC75C), were followed up for one year regarding the immediate consequences of any falls. 54% (144/265) of fall reports described the participants as being found on the floor, and 82% (217/265) of falls occurred when the person was alone. Of the 60% who fell, 80% (53/66) were unable to get up after at least one fall, and 30% (20/66) had lain on the floor for an hour or more. Difficulty in getting up was consistently associated with age, reported mobility, and severe cognitive impairment. Cognition was the only characteristic that predicted lying on the floor for a long time. Lying on the floor for a long time was strongly associated with serious injuries, admission to hospital, and subsequent moves into long-term care. Call alarms were widely available, but were not used in most cases of falls that led to lying on the floor for a long time. Comments from older people and carers showed the complexity of issues around the use of call alarms, including perceptions of irrelevance, concerns about independence, and practical difficulties. Lying on the floor for a long time after falling is more common among the "oldest old" than previously thought, and is associated with serious consequences. Factors indicating higher risk and comments from participants suggest practical solutions are needed on training in strategies to get up from the floor; and access and activation issues in design of

call alarms and information on their effective use. Care providers need better understanding of the perceptions of older people to provide acceptable support services. (RH)

ISSN: 09598138

From : www.bmj.com

The influence of drug use on fall incidents among nursing home residents: a systematic review; by Carolyn S Sterke, Arianne P Verhagen, Ed F van Beeck (et al).

International Psychogeriatrics, vol 20, no 5, October 2008, pp 890-910.

Falls are a major problem among older people, particularly in nursing homes. Abnormalities of gait and balance, psychoactive drug use, and dementia have been shown to contribute to fall risk. The authors conducted a systematic review of the literature to investigate which psychoactive drugs increase fall risk, and what is known about the influence of these drugs on gait in nursing home residents with dementia. 17 studies were included in this review, including studies with a prospective cohort design. Pooled risk estimates were not calculated because there was no homogeneity across studies. The strength of evidence for psychoactive drugs as a prognostic factor for falls was assessed by defining four levels of evidence: strong, moderate, limited or inconclusive. Strong evidence was defined as consistent findings (80% or more) in at least two high quality cohorts. Strong evidence was found that the use of multiple drugs (3/3 cohorts, effect sizes 1.30-10.30), antidepressants (10/12 cohorts, effect sizes 1.10-7.60), and anti-anxiety drugs (2/2 cohorts, effect sizes 1.22-1.32) is associated with increased fall risk. The evidence for the associations of other psychoactive drug classes with fall risk was limited or inconclusive. Although the research available is limited, the scarce evidence shows that multiple drugs, antidepressants and anti-anxiety drugs increase fall risk in nursing home populations with residents with dementia. (RH)

ISSN: 10416102

Multifactorial assessment and targeted intervention for preventing falls and injuries among older people in community and emergency care settings: systematic review and meta-analysis; by S Gates, J D Fisher, M W Cooke (et al).

British Medical Journal, vol 336 no 7636, 19 January 2008, pp 130-133.

Systematic reviews suggest that the most effective way to reduce falls is multifactorial risk assessment and individual interventions against risk factors. The present review traced studies using Medline, Embase, CENTRAL, CINAHL, PsychINFO, Social Sciences Citation Index, reference lists of included studies and previous reviews. Eligible studies were randomised or quasi-randomised trials that evaluated interventions to prevent falls that were based in emergency departments, primary care or the community, that assessed multiple risk factors for falling, and provided or arranged for treatments to address these risk factors. 19 studies, of variable methodological quality, were included. The combined risk ratio for the number of fallers during follow-up among 18 trials was 0.91 and for fall related injuries (8 trials) was 0.90. No differences were found in admission to hospital, emergency department attendance, death, or move to institutional care. Sub-group analyses found no evidence of different effects between interventions in different locations, populations selected for high risk of falls or unselected, and multidisciplinary teams including a doctor, but interventions that actively provide treatments may be more effective than those that provide only knowledge and referral. Evidence that multifactorial fall prevention programmes in primary care or emergency care settings are effective in reducing the number of fallers or fall-related injuries is limited. Data were insufficient to assess fall and injury rates. (RH)

ISSN: 09598138

From : <http://www.bmj.com>

National Falls Awareness Day, 24 June 2008: evaluation report; by Help the Aged. London: Help the Aged, 2008, 6 pp (folded).

National Falls Awareness Day (NFAD) was launched by Help the Aged in 2005 to raise awareness of the risk of falling as we age to promote prevention measures that can reduce the risk of falls. This report outlines a few of the NFAD events in 2008 across the UK. It also draws attention to the help the Aged Dangerous Pavements Campaign launched in 2007 to improve pavement safety. (RH)

From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. E-mail: falls@helptheaged.org.uk Website: www.helptheaged.org.uk/fallsday

The optimal sequence and selection of screening test items to predict fall risk in older disabled women: the Women's Health and Aging Study; by Sarah E Lamb, Chris McCabe, Clemens Becker (et al).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 63A, no 10, October 2008, pp

1082-1088.

Falls are a major cause of disability, dependence, and death in older people. Brief screening algorithms may be helpful in identifying risk and leading to more detailed assessment. The aim was to determine the most effective sequence of falls screening test items from a wide selection of recommended items including self-report and performance tests, and to compare performance with other published guidelines. Data were from a prospective, age-stratified, cohort study. Participants were 1002 community-dwelling women aged 65 years old or older, experiencing at least some mild disability. Assessments of fall risk factors were conducted in participants' homes. Fall outcomes were collected at 6 monthly intervals. Algorithms were built for prediction of any fall over a 12-month period using tree classification with cross-set validation. Algorithms using performance tests provided the best prediction of fall events, and achieved moderate to strong performance when compared to commonly accepted benchmarks. The items selected by the best performing algorithm were the number of falls in the last year and, in selected subpopulations, frequency of difficulty balancing while walking, a 4 m walking speed test, body mass index (BMI), and a test of knee extensor strength. The algorithm performed better than that from the American Geriatric Society/British Geriatric Society/American Academy of Orthopaedic Surgeons and other guidance, although these findings should be treated with caution. Suggestions are made on the type, number, and sequence of tests that could be used to maximize estimation of the probability of falling in older disabled women. (KJ/RH)

ISSN: 10795006

From : <http://www.geron.org>

Predicting people with stroke at risk of falls; by A Ashburn, D Hyndman, R Pickering (et al).

Age and Ageing, vol 37, no 3, May 2008, pp 270-276.

Falls are common following stroke, but knowledge about predicting future fallers is lacking. Of 512 people identified by this study who had been admitted to hospital with stroke, 122 (mean age 70.2 years) completed a battery of tests (balance, function, mood and attention) within 2 weeks of leaving hospital and 12 months post-discharge. Fall status was available for 115, of whom 63 (55%) had experienced one or more falls, 48 (42%) experienced repeated falls, and 62 (54%) experienced near falls. All variables available at discharge were screened as potential predictors of falling. Six variables emerged: near-falling in hospital; Rivermead leg and trunk score; Rivermead upper limb score; Berg Balance score; mean functional reach; and the Nottingham extended activities of daily living (NEADL) score. A score of near falls in hospital and upper limb function was the best predictor with 70% specificity and 60% sensitivity. Participants who were unstable (near falls) in hospital with poor upper limb function (unable to save themselves) were most at risk of falls. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Rate of accidental falls in institutionalised older people with and without cognitive impairment halved as a result of a staff-oriented intervention; by Anne Bouwen, Jan de Lepeleire, Frank Buntinx.

Age and Ageing, vol 37, no 3, May 2008, pp 306-310.

A simple staff-oriented intervention had a substantial effect on the frequency of accidental falls. In a clustered randomised controlled trial, 10 nursing wards from 7 nursing homes, 5 wards were randomised in a control 5 in an intervention group. Nurses from the intervention group received multi-faceted training about the occurrences of accidental fall, risk factors for falls, and possible environmental modifications. For each fall, they were asked to record the relevant risk factors, to keep a fall diary and to evaluate fall causes and possible preventive actions. For all residents, cognition and mobility were evaluated using a Mini Mental State Examination (MMSE) and a Timed Up and Go Test (TUGT). Fall rate were recorded in an identical way for 6 months before and after the start of the intervention. The relative risk of falling at least once in people in the intervention versus the control group adjusted for the pre-intervention results was 0.46. There was no difference between residents with and without cognitive impairment or impaired mobility. In those falling at least once, the difference between the average number of falls in the two intervention arms was not significant. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Reciprocal relationship between fear of falling and depression in elderly Chinese primary care patients; by Kee-Lee Chou, Iris Chi.: Taylor & Francis, September 2008, pp 587-594.

Ageing & Mental Health, vol 12, no 5, September 2008, pp 587-594.

Using longitudinal data collected on 321 Chinese primary care patients aged 65+, the authors investigated the reciprocal relationship between fear of falling and depression. They examined whether functional disability and

social functioning mediated the link between fear of falling and depression. Participants were recruited from three primary care units in Hong Kong, and were assessed in Cantonese by two trained assessors with Minimum Data Set - Home Care twice over a 1-year period. Findings revealed that fear of falling at baseline significantly predicted depression at 12-month follow-up assessment after age, gender, marital status, education and depression at baseline were adjusted,, but depression at baseline did not predict fear of falling at 12 months after fear of falling at baseline was adjusted. Moreover, social functioning mediated the impact of fear of falling on depression. These findings indicate that fear of falling potentially increase the risk of depression in Chinese older people in primary care settings. (RH)

ISSN: 13607863

From : <http://www.informaworld.com/CAMH>

Shifting the focus in fracture prevention from osteoporosis to falls; by Teppo Järvinen, Harri Sievänen, Karim M Khan (et al).

British Medical Journal, vol 336 no 7636, 19 January 2008, pp 124-126.

Although preventing fractures in older people is important, the authors of this article believe that we should be putting our efforts into stopping falls, not treating low bone mineral density. It is falling, not osteoporosis, that is the strongest single risk factor for fractures in older people. (RH)

ISSN: 09598138

From : <http://www.bmj.com>

Social integration and social support among older adults following driving cessation; by Briana Mezuk, George W Rebok.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 63B, no 5, September 2008, pp S298-S303.

The impact of older people's driving cessation on social integration and perceived social support from relatives and friends was evaluated, using data from the US Healthcare Epidemiologic Catchment Area Study. Analysis was restricted to 398 participants aged 50+ with a history of driving. Social integration (number and frequency of contact) and perceived social support (from relatives/friends), driving status (continuing or ceased) and demographic and health characteristics were assessed in interviews 13 years apart. The potential mediating role of ability to use public transport was also investigated. Repeated measures random intercept models were used to evaluate the effect of driving cessation on social network characteristics over time. Former drivers were older, were more likely to be female and non-white, had lower education, had poorer self-rated health, and had lower Mini-Mental State Examination (MMSE) scores relative to continuing drivers. Over the follow-up period, cessation was associated with a reduced network of friends. The association was not mediated by ability to use public transport. Cessation had no impact on support from friends or relatives. Social integration is negatively affected by driving cessation among older people who feel competent in using alternative forms of transport, at least concerning networks of friends. (RH)

ISSN: 10795014

From : <http://www.geron.org>

A systematic review and meta-analysis of studies using the STRATIFY tool for prediction of falls in hospital patients: how well does it work?; by David Oliver, Alexandra Papaioannou, Lora Giangregorio (et al).

Age and Ageing, vol 37, no 6, November 2008, pp 621-627.

Falls are the commonest safety incident in hospital. STRATIFY is a prediction tool developed for use for hospital inpatients, using a 0-5 score to predict patients who will fall. It has been widely used as part of hospital falls prevention plans, but it is not clear how good its operational utility is in a variety of settings.STRATIFY has been subjected to the most independent validation studies and compares well with other tools on speed, adherence and reliability. A search identified 41 possible papers, eight of which were eligible for inclusion in a systematic review and four for inclusion in a meta-analysis; nine high-quality independent validation cohorts were identified. Although high values were reported for specificity and negative predictive value (NPV), sensitivity and positive predictor values were generally too low to make the use of such a tool (or similar ones) operationally useful in falls prevention in hospital. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

A systematic review of older people's perceptions of facilitators and barriers to participation in falls-prevention

interventions; by Frances Bunn, Angela Dickinson, Elaine Barnett-Page (et al).
Ageing and Society, vol 28, part 4, May 2008, pp 449-472.

The prevention of falls is currently high on the health policy agenda in the UK, which has led to the establishment of many falls prevention services. If these are to be effective, however, the acceptability of services to older people needs to be considered. This paper reports a systematic review of studies of older people's perceptions of these interventions. The papers for review were identified by searching electronic databases, checking reference lists, and contacting experts. Two authors independently screened the studies and extracted data on the factors relating to participants in, and adherence to, falls prevention strategies. 24 studies were identified, of which 12 were qualitative. Only one study specifically examined interventions that promote participation in falls prevention programmes; the others explored older people's attitudes and views. The factors that facilitated participation included social support, low intensity exercise, greater education, involvement in decision-making, and a perception of the programmes as relevant and life-enhancing. Barriers to participation included fatalism, denial and under-estimation of the risk of falling, poor self-efficacy, no previous history of exercise, fear of falling, poor health and functional ability, low health expectations and the stigma associated with programmes that targeted older people. (RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/ASO>

WHO global report on falls prevention in older age; by Alexandre Kalache, Dongbo Fu, Sachiyo Yoshida, Department of Ageing and Life Course (ALC), World Health Organization - WHO; Family and Community Health (FCH), World Health Organization - WHO. Geneva: World Health Organization, 2008, 47 pp (Order no. 11500723). This global report is the product of the conclusions reached and recommendations made at the WHO Technical Meeting on Falls Prevention in Older Age, which took place in Victoria, Canada in February 2007. The report includes international and regional perspectives of falls prevention issues and strategies, and is based on a series of background papers that were prepared by worldwide recognized experts (and available at http://www.who.int/ageing/projects/falls_prevention_older_age/en/index.html). The report was developed by the Department of Ageing and Life Course (ALC) under the direction of Alexandre Kalache and coordination of Dongbo Fu, closely assisted by Ms Sachiyo Yoshida. Falls prevention is considered with reference to determinants of active ageing such as culture, gender, behaviour, personal factors, the physical and social environments, economics. The WHO Falls Prevention for Active Ageing model suggests a multisectoral approach based on: building awareness of the importance of falls prevention and treatment; improving the assessment of individual, environmental and societal factors that increase the likelihood of falls; and for facilitating the design and implementation of culturally appropriate, evidence-based interventions that will significantly reduce the number of falls among older people. (RH)

Price: CHF/US\$15.00

From : WHO, WHO Press, 1211 Geneva 27, Switzerland. E-mail: bookorders@who.int Website: www.who.int/bookorderswww.who.int/ageing/en

2007

Assessing falls in older people; by Graham MacIntosh, Jane Joy.

Nursing Older People, vol 19, no 7, September 2007, pp 33-37.

For an older person in hospital, a fall can have devastating consequences, prolonging hospital stay and leading to loss of confidence. Falls cost the NHS between £5340 and £12500 per patient in delayed discharge, and can cause nurses to question their own practice and blame themselves. Further, the efforts of clinicians and researchers implementing falls prevention interventions are hampered because of inconsistencies in assessing risk. The use of falls risk assessment tools varies throughout the UK. In Scotland some hospitals use them while others do not. Unlike England and Wales, Scotland has no national guidelines. To deal with this problem, the authors conclude that it is important to develop an evidence-based guideline that covers the whole of the UK. (KJ/RH)

ISSN: 14720795

From : <http://www.nursingolderpeople.co.uk>

Attitudes and beliefs that predict older people's intention to undertake strength and balance training; by Lucy Yardley, Margaret Donovan-Hall, Katharine Francis (et al).

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 62B, no 2, March 2007, pp P119-P125.

Many older people refuse to participate in strength and balance training (SBT), limiting the effectiveness for falls

prevention. To persuade older people to take up SBT, we need to know whether their intention to undertake SBT is motivated by the perceived threat of falling or the perceived suitability and benefits of SBT. Help the Aged commissioned a survey of 558 people aged 60-95 assessing intention to undertake SBT, as well as measures of threat appraisal (concerns about falling, perceived risk, and consequences of falling) and coping appraisal (perceived benefits and appropriateness for them undertaking SBT). Intention to undertake SBT was much more closely related to all elements of coping appraisal than threat appraisal. The elements of coping appraisal included the belief that it has multiple benefits and is associated with a positive social identity and the feeling that family, friends and doctors would approve of taking part. (RH)

ISSN: 10795014

From : <http://www.geron.org>

Falls in older people: risk factors and strategies for prevention; by Stephen R Lord, Catherine Sherrington, Hylton B Menz (et al). 2nd ed Cambridge: Cambridge University Press, 2007, 408 pp.

Since the first edition of this book was written to synthesise and review the enormous body of work covering falls in older people, there has been an even greater wealth of informative and promising studies designed to increase our understanding of risk factors and prevention strategies. This new edition is written in three parts: epidemiology, strategies for prevention, and future research directions. New material includes the most recent studies covering: balance studies using tripping, slipping and stepping paradigms; sensitivity and depth perception visual risk factors; neurophysiological research on automatic or reflex balance activities; and the roles of syncope, vitamin D, cataract surgery, health and safety education, and exercise programs. This new edition will be an invaluable update for clinicians, physiotherapists, occupational therapists, nurses, researchers, and all those working in community, hospital and residential or rehabilitation aged care settings. There are 45 b/w illustrations and 30 tables. (RH/KJ)

ISBN: 0521589649

Price: £42.00 (pbk)

From : Cambridge University Press, The Edinburgh Building, Shaftesbury Road, Cambridge CB2 2RU.

<http://www.cambridge.org>

Falls prevention in practice: a literature review; by Samuel R Nyman, Claire Ballinger, Help the Aged. London: Electronic format (Help the Aged), 2007, 20 pp.

This report presents findings of a literature review that explores how the recent recommendations made by the Prevention of Falls Network Europe (ProFaNE) may be implemented in everyday practice by those working with older people. It also aims to stimulate further ideas for implementation of the ProFaNE recommendations. Findings are subdivided into subsections of general theory and evidence and falls-related theory and evidence. An appendix lists the literature searches conducted and numbers of documents found. (RH)

From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. Download document from:

http://www.helptheaged.org.uk/NR/rdonlyres/8D4F8B43-05EE-4B8B-97A1-DADCA894894E/0/falls_lit_review_101207.pdf

"Faster counting while walking" as a predictor of falls in older adults; by Oliver Beauchet, Véronique Dubost, Gilles Allali (et al).

Age and Ageing, vol 36, no 4, July 2007, pp 418-423.

Participants were 187 people aged 73-100 (mean age 84.5) living independently in 27 housing developments for older people in Saint-Étienne, France. During enrolment, they were asked to count aloud backwards from 50, both at rest and while walking, and then divided into two groups according to counting performance. Information on incident falls during the following year were collected monthly. Faster counting while walking was strongly associated with falls, suggesting that better performance in an additional verbal counting task while walking might represent a new way to predict falls in older people. Despite the development of dual-task based fall risk assessment tests, findings about the relationship between dual-task-related gait changes and falls remain controversial. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Flooring as an intervention to reduce injuries from falls in healthcare settings : an overview; by Amy Drahota, Diane Gal, Julie Windsor.

Quality in Ageing, vol 8, no 1, March 2007, pp 3-9.

The ageing population is generating increasing concern over the occurrence and associated costs of falls in

healthcare settings. Supplementary to the investigation of strategies to prevent falls is the consideration of ways to reduce the number of injuries resulting from falls in these settings. A comprehensive literature search, carried out in conjunction with a Cochrane Systematic review on hospital environments for patient health-related outcomes, identified the available evidence. Search were also conducted in Medline and Scopus specifically to identify studies on flooring types, falls and injuries. Reference lists of relevant studies and reviews were scanned and relevant authors were approached for further information. Flooring should be considered as a possible intervention for reducing injuries from falls. However, more rigorous and higher quality research is needed to identify the most appropriate material for use. (RH)

ISSN: 14717794

From : <http://www.pavpub.com>

Mind your step!: a falls prevention programme designed to reduce falls in those over 75 years; by Lorna Conn. *Quality in Ageing*, vol 8, no 1, March 2007, pp 10-22.

Falls among older people cause significant mortality and morbidity, presenting a serious issue for older people and health and social care professionals alike. The simple occurrence of a fall conceals the range of physical, psychological, social and environmental factors which can contribute to this event. Research advocates that professionals should engage with health promotion and develop individualised programmes of different interventions. In this Northern Ireland study, a multidisciplinary falls prevention initiative was developed with older people who had recently fallen. The initiative started with a common assessment but was followed by a variable individualised programme of different interventions. The older people involved were assessed pre- and post-intervention using a questionnaire checklist on several different dimensions associated with falling. Outcomes were assessed in terms of reduction in risk and the incidence in falls, both of which were found to be statistically significant in several of the identified dimensions post-intervention. Consequently, it could be estimated that approximately 44 falls were prevented through this 9-month initiative. This study would support the integration of this falls prevention initiative into routine community care practice through the existing over-75 health check and the development of a specialised falls team. Further research would be beneficial to follow up whether the reduction in the incidence of falling is sustained over time. Enhanced participation of user, carer, voluntary and community partners is recommended as this would allow older people themselves to play an active role in improving their own well-being and that of others. (RH)

ISSN: 14717794

From : <http://www.pavpub.com>

Multifactorial and functional mobility assessment tools for fall risk among older adults in community, home-support, long-term and acute care settings; by Vicky Scott, Kristine Votova, Andrea Scanlan (et al).

Age and Ageing, vol 36, no 2, March 2007, pp 130-139.

A systematic review of published studies testing the validity and reliability of fall-risk assessment tools for use with older people in community, home support, long-term and acute care settings was conducted. EbscoHost and MEDLINE were searched for studies in English published between January 1980 and July 2004, where the primary or secondary purpose was to test the predictive value of one or more fall assessment tools on people aged 65+. The tool must have had as its primary outcome fall, falls-related injury, or gait and balance. Only studies that used perspective validation were considered. 34 articles testing 38 different tools met the inclusion criteria. The community setting represents the largest number of studies (14) and tools (23) tested, followed by acute (12 studies and 18 tools), long-term care ((6 studies and 10 tools), and home support (4 studies and 4 tools). 11 of the 38 tools are multifactorial assessment tools (MAT) that cover a wide range of fall-risk factors and 27 are functional mobility assessment tools (FMA) that involve measures of physical activity related to gait, strength and balance. Fall risk assessment tools exist that show moderate to good validity and reliability in most areas of health service delivery. However, few tools were tested more than once or in more than one setting. Thus, no single tool can be recommended for implementation in all settings or for all sub-populations within each setting. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Physical fatigue affects gait characteristics in older persons; by Jorunn L Helbostad, Sara Leirfall, Rolf Moe-Nilssen (et al).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 62A, no 9, September 2007, pp 1010-1015.

Balance and gait problems increase fall risk, and this study investigates how a repeated sit-to-stand task affected gait

control in older people. 22 people (mean age 78) took part in a fatigue group (FG) and 22 people (mean age 80) in a matched control group (CG). Participants walked back and forth on a walkway at different walking speeds. Gait data were adjusted for pre-test post-test differences in walking speed. The FG participants were physically fatigued by a repeated sit-to-stand task. There were no group differences in preferred gait speed or in step length following the fatiguing task, but there were significant increases in step width. Gait changes following a physical fatiguing task agree with changes previously found in older people at risk of falling, suggesting that physical fatigue may represent a risk factor for falls in older people. (RH)

ISSN: 10795006

From : <http://www.geron.org>

Prevalence and correlates of fear of falling, and associated avoidance of activity in the general population of community-living older people; by G A R Zijlstra, J C M van Haastregt, J T M van Eijk (et al).

Age and Ageing, vol 36, no 3, May 2007, pp 304-309.

Results from a cross-sectional study of a random sample of 4031 community-living Dutch people aged 70+ are that 54.3% reported fear of falling, with 37.9% reporting associated avoidance of activity. High age, female gender, fair or poor perceived general health, and one or more multiple falls were independently associated with fear of falling and associated avoidance of activity. In particular, the associations for fair and poor perceived health and multiple falls were very strong. These findings may help health care professionals to identify people eligible for interventions aimed at reducing fear of falling and activity restriction. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Psychosocial factors associated with fall-related hip fractures; by Nancye M Peel, Roderick J McClure, Joan K Hendrikz.

Age and Ageing, vol 36, no 2, March 2007, pp 145-150.

Cases of fall-related hip fracture in people aged 65+ living in the community were recruited from hospital admissions in Brisbane, Australia in 2003-2004. 387 participants were matched with at least two controls per case who were recruited via electoral roll sampling. A questionnaire assessing psychosocial factors, identified as determinants of healthy ageing, was administered at face-to-face interviews. The study found that psychosocial factors having a significant independent protective effect on hip fracture risk included being currently married, living in present residence for 5 years or more, having private health insurance (PHI), resilience in response to stress, having a higher level of life satisfaction, and engagement in social activities in older age. The study suggests that fall injury among older people may be prevented or reduced by implementing healthy ageing strategies involving community-based approaches to enhance their psychosocial environments. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

A recipe for care - not a single ingredient: clinical case for change : report by Professor Ian Philp, National Director for Older People; by Ian Philp, Department of Health - DH. London: Electronic format, 29 January 2007, 12 pp (Publication ref: 279044).

The Director for Older People, Department of Health reports on certain aspects in implementing the National Service Framework (NSF) for Older People. He offers a five-point plan for older people's care. First, early intervention and assessment of old age conditions. Second, long-term conditions management in the community, integrated with social care and specialist services. Third, early supported discharge from hospital; and whenever possible delivering care closer to home. Fourth, general acute hospital care whenever needed, combined with quick access to new specialist centres. Lastly, partnerships built around the needs and wishes of older people and their families. To illustrate these five key elements, the report cites examples of successful treatment of falls and fractures. If replicated elsewhere, the prospect of services such as those offered by community hospitals such as Livingstone Hospital Rehabilitation Unit in Kent, is likely to be an attractive for many older people. (RH)

Price: FOC

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:(www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLibrary/Publicationslibrarysearchresults/index.htm?&selection=1&isAdvancedSearch=LetterCircularLibrary&defaultCategory=551&taxonomyLibraryNodeID=572&ISBN=279044)DH Publications Orderline, PO Box 777, London SE1 6XH.email: dh@prolog.uk.com

Recruiting older participants to a randomised trial of a community-based fall prevention program; by Lindy

Clemson, Kirsty Taylor, Hal Kendig (et al): Blackwell Publishing, March 2007, pp 35-39.

Australasian Journal on Ageing, vol 26, no 1, March 2007, pp 35-39.

Promotional materials, health professional referrals, media, community presentations, mail-outs, and friends or relatives were used to recruit 110 community-residing people aged 70+ and at risk of falling to a randomised trial of a fall prevention programme. Mail and telephone recruitment strategies were able to be compared to actual recruitment yields, with costs reported for each. Mail-outs by organisations had response rates between 3.1% and 7.7%, with recruitment yields between 1.8% and 4.4%. Local media editorials were low cost and useful. Gender and physical status of participants varied according to the recruitment method, with multi-sources producing a reasonably representative sample. Databases and mail-outs using personalised letters were the most effective recruitment strategies for a community-based preventative programme. This study contributes to the expanding evidence of the kinds of recruitment that are more effective, considering the contexts of the study and the intervention. (RH)

ISSN: 14406381

From : <http://www.cota.org.au> / <http://www.blackwellpublishingasia.com>

Sleep and sleep disorders in older persons; by Suzanne Lesage, Steven M Scharf (eds).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 62A, no 1, January 2007, pp 53-72.

Four articles including a guest editorial on sleep and sleep disorders in older people. Three of these articles are from American academe, and one on falls is from Australia. The articles address many current questions about this growing area of research. (KJ/RH)

ISSN: 10795006

From : <http://www.geron.org>

Sleep disturbances and falls in older people; by Elizabeth Latimer Hill, Robert G Cumming, Ray Lewis (et al).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 62A, no 1, January 2007, pp 62-65.

Cross-sectional studies were performed in hostels and an Internet-based survey was posted on the Greypath website regarding falls and sleep disturbance. There were 150 participants (mean age 81 ±8 years) in 8 residential aged hostels in Sydney and 150 respondents (mean age 70 ±5 years) to the internet survey. Sleep disturbances were reported by most participants in both surveys. For hostel participants, falls were associated with poor sleep quality and number of nocturnal awakenings (2.5 ±1.5 vs 2 ±1.4). Other risk factors for falls included Geriatric Depression Scale (GDS) score, pain, Timed Get Up and Go Test score, and the use of diuretics. For the Internet respondents, risk factors for falls included poor health rating and the use of spectacles, bifocals and walking aids; fewer falls were reported by those participants without any sleep disturbances. This Australian study finds that sleep disturbances are common in older people and are associated with their risk of falling. Internet-based surveys may be a useful adjunct to research on older people. (RH)

ISSN: 10795006

From : <http://www.geron.org>

Strategies to prevent falls and fractures in hospitals and care homes and effect of cognitive impairment: systematic review and meta-analyses; by David Oliver, James B Connelly, Christina R Victor (et al).

British Medical Journal, vol 334 no 7584, 13 January 2007, pp 82-85.

Evidence for strategies to prevent falls and fractures in care home residents and hospital inpatients was evaluated, and the effect of dementia and cognitive impairment investigated. 1027 references, including 115 systematic reviews, expert views or guidelines were identified on searches of Medline, CINAHL, Embase, Psychinfo, Cochrane Database, and Clinical Trails Register, also hand searching of references from reviews and guidelines until January 2005. Of 92 full papers inspected, 43 were included. Meta analysis for multifaceted interventions in hospital (13 studies) showed a rate ratio of 0.82 for falls, but no significant effect on the number of fallers or fractures. For hip protectors in care homes (11 studies), the rate ratio for hip fractures was 0.67 (0.46 to 0.98), but there was no significant effect on falls and not enough studies on fallers. For all other interventions (multifaceted interventions in care homes, removal of physical restraint, fall alarm devices, exercise, changes in the physical environment, use of calcium or vitamin D, and medication review in hospital), meta analysis was either unsuitable because of insufficient studies, or showed no significant effect on falls, fallers, or fractures, despite strongly positive results in some individual studies. Meta regression showed no significant association between effect size and prevalence of dementia or cognitive impairment. There is some evidence that multifaceted interventions in hospital reduce the

number of falls and that use of hip protectors in care homes prevents hip fractures. There is insufficient evidence, though, for the effectiveness of other single interventions in hospitals or care homes or multifaceted interventions in care homes. (RH)

ISSN: 09598138

From : <http://www.bmj.com>

The temporal relationship between falls and fear-of-falling among Chinese older primary-care patients in Hong Kong; by Kee-Lee Chou, Iris Chi.

Ageing and Society, vol 27, part 2, March 2007, pp 181-194.

Although the association between falls and fear of falling has been established by previous studies, the temporal ordering of the two is uncertain. Moreover, the common and unique risk factors that contribute to falls and fear of falling have not been investigated in either primary health care settings or Asian societies. This study aimed to examine the temporal sequencing of fear of falling and a fall, and to identify the risk factors associated with the two. A prospective cohort study with three six-month measurement waves was conducted in primary care settings in Hong Kong, the sample being derived from the waiting list control group of a randomised clinical trial. The 321 respondents were evaluated with the Minimum Data Set for Home Care (MDS-HC). It was found that falls and fear of falling at baseline were not independent predictors of respectively developing a fear of falling and becoming a faller, but that age was a common independent predictor for falls and the onset of fear of falling. Individuals with a fear of falling were at risk of both falling and a fear of doing so within 12 months. The good news is that no vicious circle of falls and the fear was found; and that modifiable risk factors, including IADL (instrumental activity of daily living) limitations, environmental hazards and fear of falling were identified, so that effective prevention programmes for falls and fear of falling can be designed. (KJ/RH)

ISSN: 0144686X

From : http://www.journals.cambridge.org/jid_ASO

Together we can: reduce falls through a partnership between older people, community pharmacy and the public sector; by National Pharmacy Association - NPA; Better Government for Older People - BGOP; East Sussex County Council; East Sussex Local Pharmaceutical Committee. St Albans: National Pharmacy Association, 2007, 37 pp.

In 2004, Better Government for Older People (BGOP) and the National Pharmacy Association (NPA) formed a strategic alliance to focus on current government policy with older people. This report describes a project run in East Sussex, where falls prevention has a high priority. It also presents results of a one-day conference, 'Together in East Sussex We Can', which aimed to alert attendees to the contribution of community pharmacies to the prevention of falls as a key element in ensuring well-being and independence. Also suggested is how partnerships such as Local Area Agreements, Partnership for Older People's Projects (POPPs) and SureStart for Older People could be used to integrate community pharmacy into the whole systems approach. The report outlines the falls prevention work by local initiatives in Hastings and Rother, Eastbourne, and Sussex Downs and Weald. Appendices include the East Sussex Integrated Falls Service Strategy (November 2006), written before the 'Together We Can' event and community pharmacy involvement. On the basis of the project, community pharmacy has much to contribute to any falls prevention strategy and to the wider well-being agenda. (RH)

From : National Pharmacy Association, Mallinson House, 38-42 St Peter's Street, St Albans, Herts AL1 3NP.
www.npa.co.uk

2006

Exploring the relationship between fear of falling and neuroticism: a cross-sectional study in community-dwelling women over 70; by Rachel Mann, Yvonne Birks, Jill Hall (et al).

Age and Ageing, vol 35, no 2, March 2006, pp 143-147.

Current assessment measures and interventions designed to reduce fear of falling in older people do not take into account perceptions of anxiety. Effects of intervention to reduce fear of falling may be improved by the inclusion of personality assessments. In this study, cross-sectional data from 1,091 UK community-dwelling female participants aged 70+ were examined using multiple and logistic regression analysis. Fear of falling was measured on a 6-point Likert scale. Neuroticism was measured using the Eysenck personality inventory. Fear of falling could be predicted by neuroticism, history of falling, experience of fracture, need to use both arms to push up from a chair, poor subjective general health as measured by the SF-12, and living alone. Neuroticism seems to be an important psychological factor in the experience of fear of falling in community-dwelling older women. It may be relevant for inclusion in current assessment measures and for consideration in the design of interventions to reduce fear of

falling. (RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org>

Higher church attendance predicts lower fear of falling in older Mexican-Americans; by C A Reyes-Ortiz, H Ayele, T Mulligan (et al).

Aging & Mental Health, vol 10, no 1, January 2006, pp 13-18.

Several studies have shown that involvement in religious activity appears to benefit health. To estimate the association between church attendance and fear of falling, the authors used a sample of 1541 non-institutionalised Mexican-Americans aged 70+ from the 1998-1999 wave of the Hispanic Established Population for the Epidemiological Study of the Elderly (Hispanic EPESE), followed until 2000-2001. Baseline potential predictors of fear of falling were church attendance, socio-demographics, history of falls, summary measure of lower body performance (random balance, 8-foot walk, and repeated chair stands), functional status, depressive symptoms, cognitive status, and medical conditions. Fear of falling at the 2-year follow-up was measured as no fear, somewhat afraid, fairly afraid, and very afraid. Chi-square test and multiple logistic regression analysis were used to estimate associations between the outcome and the potential predictors. Multiple logistic regression analysis showed that frequent church attendance was an independent predictor of lower fear of falling 2 years later. Other independent predictors of fear of falling were female gender, poorer objective lower body performance, history of falls, arthritis, hypertension, and urinary incontinence. (RH)

ISSN: 13607863

From : <http://www.tandf.co.uk/journals>

Minority ethnic elders falls prevention programme: Year 1 2005 [and] Year 2 2006 Progress report; by Emma Spragg, Anna D'Agostina (comps), Minority Ethnic Elders Falls Programme (MEEFP), Help the Aged.: Help the Aged, 2005 / 2006, 2 vols (30 pp and 21 pp).

The Minority Ethnic Elders Falls Programme (MEEFP) run by Help the Aged to raise awareness on falls prevention with Black and Minority Ethnic (BME) older people and their carers closed in March 2007. This three-year programme was funded by the Department of Health (DH) and addressed issues such as the lack of access to falls prevention services by BME older people because of language barriers; their limited knowledge on the availability of services in their locality; and the unsuitability of practices for different communities. The MEEFP supported pilot projects which incorporated the views of BME older people in the planning and delivery of their work in a variety of locations throughout England (Barnet, Camden, another North London location, Manchester, Portsmouth, Birmingham, Doncaster and Leeds). In the third and final year, information about the MEEFP programme was disseminated to over 200 organisations and presented at conferences and exhibitions in England. To support the programme, various resources were produced to target both practitioners and older people including two exercise videos. These two reports chart the Programme's progress with a description of all projects, the challenges, successes and lessons learned. (KJ/RH)

From : Download from website: <http://www.helptheaged.org.uk/meefp>

Observation of SIGN [Scottish Intercollegiate Guidelines Network] guidelines in nursing homes; by Sureshini Sanders.

Geriatric Medicine, vol 36, no 3, March 2006, pp 45-47.

Nursing home patients constitute a very frail and ever-growing group who are at increased risk of falls and fractures. Guidelines from the Scottish Intercollegiate Guidelines Network (SIGN) on osteoporosis are particularly relevant for this group. The author reviews the adherence to SIGN guidelines in two nursing homes covered by a general practice in West Lothian. Previous studies suggest that calcium and vitamin D supplementation improves balance and decreases the rates of falls and fractures. The practice decided to give all patients in the homes covered treatment with calcium and vitamin D; patients with osteoporosis were also prescribed a bisphosphonate. The practice has continued with these prescribing decisions. (RH)

ISSN: 0268201X

From : <http://www.gerimed.co.uk>

Older people's views of falls-prevention interventions in six European countries; by Lucy Yardley, Felicity L Bishop, Nina Beyer (et al).

The Gerontologist, vol 46, no 5, October 2006, pp 650-660.

The factors common to a variety of populations and settings that may promote or inhibit uptake and adherence to

falls-related interventions were identified in semi-structured interviews with 69 people aged 68-98 in Denmark, the Netherlands, Germany, Greece, Switzerland and the UK. The sample was selected to include those whose participation experiences were very different. All were asked about interventions that included strength and balance training. Attitudes were similar in all countries and all contexts. People were motivated to participate in strength and balance training by a wide range of perceived benefits (interest and enjoyment, improved health, mood, and independence) and not just reduction of falling risk. Participation also was encouraged by a personal invitation from a health practitioner and social approval from family and friends. Barriers to participation included denial of falling risk, the belief that no additional falls prevention measures were necessary, practical barriers to attendance at groups (e.g. transport, effort and cost), and dislike of group activities. Because many older people reject the idea that they are at risk of falling, the uptake of strength and balance training programmes may be promoted more effectively by maximising and emphasising their multiple positive health benefits for health and well-being. A personal invitation from a health professional to participate is important, and it may also be helpful to provide home-based courses for those who dislike or find it difficult to attend groups. (RH)

ISSN: 00169013

From : <http://www.geron.org>

Prevention and assessment of falls in the elderly; by Edward Bellia.: International Institute on Ageing (United Nations - Malta), May 2006, pp 15-18.

BOLD, vol 16, no 3, May 2006, pp 15-18.

Although falls in older people cannot be eliminated, the conditions and situations that contribute to the risks of falling could be dealt with, controlled or possibly eliminated. However, where time and manpower is limited in small countries such as Malta, priority has to be given to those who fall frequently, present with falls, have unsteady gaits, have multiple risk factors for osteoporosis, or have sustained fractures. (RH)

ISSN: 10165177

From : <http://www.inia.org.mt>

The prevention of fall-related fractures : emerging research dimensions: an edited compilation of contributions to an international symposium, Yokohama, June-July 2004; by D Marsh, T Matsushita, L Rubenstein (eds) (et al), British Geriatrics Society - BGS; International Symposium on Preventing Falls and Fractures in Older People, Yokohama, June-July 2004; International Society for Fracture Repair (ISFR).

Age and Ageing, vol 35, supplement 2, September 2006, pp ii5-ii68.

An invited International Symposium on Preventing Falls and Fractures in Older People was held in Yokohama, Japan at the end of June 2004 under the auspices of the International Society for Fracture Repair (ISFR). This supplement is a selective compilation of 13 articles from the proceedings and presentations, submitted by contributors. These articles span the biomedical, clinical and epidemiological sciences on this health issue. (KJ/RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

The symbolic value of tai chi for older people; by Peter Scourfield.

Quality in Ageing, vol 7, no 2, June 2006, pp 4-12.

The prevention and management of falls is a key part of Cambridge City and South Cambridgeshire PCT's Improving Health Programme. This article is based on a small-scale study into tai chi for older people at risk of falling. The aims of the research were first, to explore what benefits the class members felt they derived from practising tai chi; and second and more specifically, whether or not class members actually practised tai chi at home. The study was based on two broad assumptions: that the practice of tai chi has benefits for older people at risk of falling; and that such benefits that might result from tai chi, increase with more frequent practice. The latter assumption prompted the desire to investigate whether class members practised tai chi at home. The research revealed that class members did not believe that tai chi had necessarily reduced their risk of falling. However, notwithstanding this, their commitment to tai chi was very strong. The findings suggest that tai chi had a symbolic value for this predominantly middle class group. It allowed them to "buy into" a third age lifestyle, despite increasing limitations of entering the fourth age. The members used tai chi, not only to improve balance and fitness, but also as a means of achieving a positive self-image. It was therefore an age-resisting strategy that operated on both a physical and symbolic level. (RH)

ISSN: 14717794

From : <http://www.pavpub.com>

Systematic review of definitions and methods of measuring falls in randomised controlled fall prevention trials; by Klaus Hauer, Sarah E Lamb, Ellen C Jorstad (et al).

Age and Ageing, vol 35, no 1, January 2006, pp 5-10.

A Cochrane review of fall prevention interventions was used to identify fall definitions in published trials. Secondary searches of various databases were used to identify additional methodological or theoretical papers. Two independent researchers undertook data extraction, with adjudication by a third reviewer in cases of disagreement. 90 publications met the predefined inclusion criteria. Of these, 44 provided no definition of the term fall. In the remainder, there were substantial variations in the definition and methods of measuring falls. Reporting periods ranged from 1 week to 4 years, with only 41% using prospective data collection methods. This systematic review thus draws attention to the large variation of parameters found, indicating a substantial lack of standardisation in the use and application of terminology and documentation methods concerning falls. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Taking a stand against falls; by Emma Vere-Jones.

Nursing Times, vol 102, no 19, 9 May 2006, pp 16-17.

Janet Robson, a district nurse team leader for Tameside and Glossop PCT, has won this year's NT Award for devising measures to reduce falls among nursing home residents. This article outlines the problems causing falls that she identified, whether in particular areas in the home, or with issues such as eyesight, footwear, or the effects of medication. Her guidelines - which have become known as the Robson Model - are being used not only in care homes, but also by district nurses to help people in their own homes. (RH)

ISSN: 09547762

From : <http://www.nursingtimes.net>

Taking steps to reduce falls; by Emma Vere-Jones.

Nursing Times, vol 102, no 31, 1 August 2006, pp 16-17.

Falls account for almost half of all patient safety incidents and cost the NHS around £1.7bn a year. The author investigates why services been slow to improve, in the light of a report on patient safety by the House of Commons Committee of Public Accounts. (KJ/RH)

ISSN: 09547762

From : <http://www.nursingtimes.net>

Use of the 'STRATIFY' falls risk assessment in patients recovering from acute stroke; by Jane Smith, Anne Forster, John Young.

Age and Ageing, vol 35, no 2, March 2006, pp 138-142.

Falls are one of the most common medical complications after stroke. A reliable falls risk indicator for routine use on stroke units would be a clinically useful component of a falls prevention programme. In this north of England study of all patients with a diagnosis of stroke admitted to stroke units over a 6-month period, the risk assessment tool STRATIFY was completed at admission, along with the Barthel index, Rivermead mobility index, abbreviated mental test score, and Albert's test (for visual neglect). STRATIFY was then completed weekly and within 48 hours of anticipated discharge. From 387 patients admitted to the participating units during the study period, 225 contributed to the 28-day in-patient study, and 234 were followed up at 3 months after discharge. STRATIFY performed poorly in predicting falls in the first 28 days (sensitivity 11.3% and specificity 89.5%) and after discharge (sensitivity 16.3% and specificity 86.4%). There is a need for a stroke-specific rather than a generic falls risk assessment tool. (RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org>

2005

The Counsel and Care National Falls Survey: progress in implementing Standard 6 of the National Service Framework for Older People; by Gillian Dalley, Counsel and Care; Health and Social Care Quality Centre (HSCQC). London: Counsel and Care, July 2005, 34 pp.

One of the "milestones" set by the National Service Framework for Older People (NSF) was establishing an integrated falls service in all localities in England by April 2005. This report has been produced in support of Help the Aged's National Falls Awareness Day, 19 July 2005, and presents results based on 95 responses to a postal survey questionnaire (Appendix 1) sent to all 302 English Primary Care Trusts. 37% of respondents had an integrated falls service in place. The report outlines the successes and difficulties, the key factors, and priorities underpinning introduction of integrated falls services. (RH)

From : Counsel and Care, Twyman House, 16 Bonny Street, London NW1 9PG. Website: www.counselandcare.org.uk

Encouraging positive attitudes to falls prevention in later life: a report for Help the Aged; by Lucy Yardley, Chris Todd, Help the Aged. London: Help the Aged, 2005, 51 pp (summary leaflet also available).

There is evidence that many older people interpret "falls prevention" as meaning hazard reduction (avoiding risky activities, for example), rather than the potential for exercises to improve strength and balance to prevent falls. This report presents the findings of two studies that provide evidence for this view. The first, by Lucy Yardley at the University of Southampton, was a focus group and interview study to identify features of communications about falling risk and prevention that might result in negative experiences, and to discover how messages might be improved. The second, by Chris Todd at the University of Manchester, used quantitative methods to determine which beliefs and feelings have the greatest influence on older people's intentions to undertake balance training (BT) to prevent falling. Help the Aged's Preventing Falls Programme will use this report's findings to inform its work with older people and practitioners to reduce the risk of falling in later life. The findings of this study are summarised in a 4 page leaflet "Don't mention the f-word!" (RH)

ISBN: 1904528872

Price: £10.00

From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. www.helptheaged.org.uk Email: info@helptheaged.org.uk

Epidemiology of falls in elderly semi-independent residents in residential care; by Alex A Fisher, Michael W Davis, Allan J McLean (et al).: Blackwell Publishing, June 2005, pp 98-102.

Australasian Journal on Ageing, vol 24.2, June 2005, pp 98-102.

In Australia, falls by hostel residents aged 65+ are common. Living in an institution is associated with an increased risk of fractures. The authors studied cross-sectional prevalence and event association of falls for 179 residents aged 65+ (80% women) independent in activities of daily living (ADLs) living in eight hostels in Canberra. 49% of subjects had fallen in the previous year, and 29% of these had sustained a fracture; 53% of fallers had recurrent falls. The study identified some new potential risk factors for falls. In multivariate analysis, four factors were associated independently with falling within a year: using a walking device; history of cancer; taking selective serotonin re-uptake inhibitors (SSRIs); and cigarette smoking. For recurrent falls, cerebrovascular disease and using nitrates were also independent risk factors. In univariate analysis, reversible inhibitors of monoamine oxidase and potassium-sparing diuretics were negatively associated with falls. There were no differences between fallers and non-fallers in blood pressure in supine and standing positions, although one-third of residents had orthostatic hypertension. These risk factors could be used to identify those at high risk of falling, who can then be targeted for monitoring, specific treatment and prevention strategies. (RH)

ISSN: 14406381

From : <http://www.cota.org.au> / <http://www.blackwellpublishingasia.com>

A falls injury prevention programme: Tai Chi; by Frederick Ehrlich, Henry Zheng.: International Institute on Ageing (United Nations - Malta), November 2005, pp 19-23.

BOLD, vol 16, no 1, November 2005, pp 19-23.

Falls and fall-related injury is expected to worsen with an increasingly ageing population. This article summarises some of the statistics and introduces literature on exercise intervention strategies to prevent falls. One type of exercise identified in studies as being particularly effective in reducing falls risk and preventing falls is Tai Chi. The Tai Chi for Health and Falls Injury Prevention Program is a recent innovation in Australia; the objectives and

benefits are outlined. (RH)
ISSN: 10165177
From : <http://www.inia.org.mt>

Fear of falling limiting activity in young-old women is associated with reduced functional mobility rather than psychological factors; by Finbarr C Martin, Deborah Hart, Tim Spector (et al).

Age and Ageing, vol 34, no 3, May 2005, pp 281-286.

The authors use data from the Chingford 1000 Women study for 713 community-dwelling women, mean age 64.2. Of these, 70 women (10.1%) reported fear of falling limiting activity (FoF-LA), of whom only 21 had fallen in the previous year. Women reporting FoF-LA had higher prevalence of adverse functional and clinical characteristics. FoF-LA was independently associated with reduced functional capabilities, but not with psychological factors among young-old women. FoF-LA may identify individuals at risk of subsequent functional decline. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Incontinence and falls in older people: is there a link?; by Shankar Loharuka, James Barrett, Brenda Roe.

Nursing Times, vol 101, no 47, 22 November 2005, pp 52-54.

Incontinence and falls are both common in older patients and account for many hospital admissions. Patients who need frequent toileting are at risk of falling. The authors suggest that while there appears to be evidence to support an association between continence and falls, this relationship has hardly been studied, so there are still a number of unanswered questions. (KJ/RH)

ISSN: 09547762

From : <http://www.nursingtimes.net>

Involving older people in research: methodological issues; by Fiona Ross, Sheila Donovan, Sally Brearley (et al).

Health & Social Care in the Community, vol 13, no 3, May 2005, pp 268-275.

The policy imperative to increase public participation in health and social care research, planning and service delivery raises significant questions about optimum approaches, methods and the extent to which policy can influence changes in practice. This paper highlights the key policy literature on user involvement and participatory research methods to establish the context for a partnership research project exploring perceptions of risk in relation to falls from the perspectives of older people, carers, and health and social care professionals. The paper reports the methods used in developing user involvement in the research at a number of levels, including project management, and a consumer panel working alongside the research team and influencing the dissemination in local falls prevention strategies. The authors draw out the issues related to the context and method of involvement, and discuss the impact on research quality and local service development in health and social care. (RH)

ISSN: 09660410

From : www.blackwellpublishing.com/hsc

Patients with recurrent falls attending Accident & Emergency benefit from multifactorial intervention: a randomised controlled trial; by John Davison, John Bond, Pamela Dawson (et al).

Age and Ageing, vol 34, no 2, March 2005, pp 162-168.

Of 313 cognitively intact men and women aged 65+ presenting to Accident & Emergency (A&E) in Newcastle-upon-Tyne and North Tyneside with a fall or fall-related injury and at least one additional fall in the preceding year, 159 were randomised for assessment and intervention, and 154 to conventional care. There were 36% fewer falls in the intervention group. The proportion of subjects continuing to fall (65%, 94/144) compared with 68% (102/149) in the conventional care group. The number of fall-related attendances and hospital admissions did not differ between the groups. Duration of hospital admission was reduced and falls efficacy was better in the intervention group. While multifactorial intervention is effective in reducing the fall burden in cognitively intact older people with recurrent falls attending A&E, it has not reduced the proportion of subjects still falling. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Perceptions of older people about falls injury prevention and physical activity; by Suzanne Snodgrass, Darren Rivett, Lynette MacKenzie.: Blackwell Publishing, June 2005, pp 114-118.

Australasian Journal on Ageing, vol 24,2, June 2005, pp 114-118.

Despite consistent numbers of older people experiencing falls, there is little awareness among older people that

strategies exist to prevent falling. This study explores older people's beliefs and perceptions about falls injury prevention services. The study also identifies incentives and barriers to attending falls injury prevention services, including programmes targeting physical activity. 75 people age 60+, members of community groups, completed a 23-item postal survey. 28% of respondents had fallen within the previous 6 months, yet just over half (54%) were aware that there were strategies to prevent falling, despite the majority of the sample being physically active (81%), and at least reasonably confident about walking (84%). The features that were considered most desirable for falls injury prevention service were group exercise programmes (61%), educational talks about health issues (57%), and eyesight testing (52%). The most commonly reported incentives for attending a physical activity group included having a doctor to advise them to attend (61%) or having a friend who attended the group (55%). The most common barrier to attendance was transport (43%). It appears that motivating people to participate in physical activity with the aim of falls prevention will largely depend on the encouragement of their doctor or their peers. (RH)

ISSN: 14406381

From : <http://www.cota.org.au> / <http://www.blackwellpublishingasia.com>

Secondary prevention of falls and osteoporotic fractures in older people: a comprehensive integrated service is still some way off in the UK; by David Oliver, Marion E T McMurdo, Sanjeev Patel.

British Medical Journal, vol 331, no 7509, 16 July 2005, pp 123-124.

Recommendations in the National Service Framework for Older People (NSF) and guidelines from NICE (National Institute for Clinical Excellence) provide the impetus for integrated effective services for older people with falls and fractures. The authors note, however, that there are few "comprehensive, integrated" services for such common and ultimately costly problems, and that clinicians should lobby for change to a "whole system" approach to service provision for older people. (RH)

ISSN: 09598138

From : <http://www.bmj.com>

2004

Can flooring and underlay materials reduce hip fractures in older people?; by Julian Minns, Farhad Nabhani, James Stuart Bamford.

Nursing Older People, vol 16, no 5, July 2004, pp 16-20.

Many care homes and hospitals have totally inappropriate flooring and floor coverings that do little to reduce the risk of patients fracturing their hips after falling on these surfaces. This article outlines the results of another study that tested the impact of hip protectors and the shock absorbancy of different underlays. The authors suggest the sorts of information that should be included in future studies. (RH)

ISSN: 14720795

From : <http://www.nursingolderpeople.co.uk>

Consequences of falling in older men and women and risk factors for health service use and functional decline; by Vianda S Stel, Johannes H Smit, Saskia M F Pluijm (et al).

Age and Ageing, vol 33, no 1, January 2004, pp 58-64.

The current study was conducted within a sub-sample of the Longitudinal Aging Study Amsterdam (LASA). In 1998/99, potential risk factors were assessed during the third data collection. In 1999/2000, 204 community-dwelling people aged 65+ who reported at least one fall in the year before interview were asked about the consequences of their last fall, including physical injury, health service use, treatment and functional decline (including decline in social and physical activities). Almost 70% of the respondents suffered physical injury, a quarter needed medical help, and more than a third suffered functional decline after falling. No risk factors were found for health service use needed after falling. Female gender, higher medication use, depression and falls inside were significantly associated with a decline in the level of functioning as a consequence of the last fall. Some of the identified risk factors might be modifiable and can be used as intervention strategies. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Development and preliminary examination of the predictive validity of the Falls Risk Assessment Tool (FRAT) for use in primary care; by Sudip Nandy, Suzanne Parsons, Colin Cryer (et al).

Journal of Public Health, vol 26, no 2, June 2004, pp 138-143.

The aim was to develop a two-part tool for use in primary care or in the community. Part 1 includes a rapid

assessment of the individual's risk of falling for administration by clinical or non-clinical staff. Part 2 (for clinical staff) includes guidance on further assessment, referral and interventions. The tool was developed by an expert panel following the updating of an existing systematic review of community-based prospective studies identifying risk factors for falling, and modified in accordance with the feedback from extensive piloting. Predictive validity was assessed by a questionnaire survey sent at baseline and 6 months to a random sample of 1000 people aged 65+ in one primary care group (PCG) area. Five items were included in Part 1: history of any fall in the previous year; 4 or more prescribed medications; diagnosis of stroke or Parkinson's disease; reported problems with balance; and inability to rise from a chair without using arms. The presence of three or more risk factors had a positive predictive value for a fall in the next 6 months of 0.57. The tool may be useful for identifying people who would benefit from further assessment of their risk of falling and appropriate intervention. (RH)

ISSN: 17413842

From : <http://www.jpubhealth.oupjournals.org>

Fall detectors: do they work or reduce the fear of falling?; by S Brownsell, M Hawley.

Housing, Care and Support, vol 7, no 1, February 2004, pp 18-24.

Older people's fear of falling can affect their health, well-being, care needs and quality of life. Fall monitoring equipment that can automatically raise a call for assistance is increasingly being developed, and may reduce the fear of falling. This study sought to discover the views of users and providers on technology of this type, and to quantify the impact that fall detectors have on the fear of falling. The results of this study suggest that fall monitoring equipment is not considered routinely as part of a care package, and that knowledge of devices is poor. A trial of automatic fall detectors provided indicated that they may reduce fear of falling for certain users and so should be considered in falls management, but that more evidence and understanding are required to appreciate both the benefits and shortfalls of providing equipment of this sort. (RH)

ISSN: 14608790

From : Website: <http://www.pavpub.com>

Falls : the assessment and prevention of falls in older people: developed by the National Collaborating Centre for Nursing and Supportive Care; by National Collaborating Centre for Nursing and Supportive Care - NCC-NSC; National Institute for Clinical Excellence - NICE. London: NICE - National Institute for Clinical Excellence, November 2004, 29 pp (Clinical guideline 21).

This guideline is of relevance to those older people who have fallen or are at risk of falling; families and carers of older people; healthcare professionals who share in caring for those who are vulnerable or at risk of falling; and those responsible for service delivery. Its guidance is evidence based, and uses a grading scheme. Also available from the NICE website or via the NHS Response Line is an abridged version (a "quick reference guide", reference number N0760) and Information for the Public (reference number N0761). (RH)

ISBN: 1842578294

From : National Institute for Clinical Excellence, MidCity Place, 71 High Holborn, London WC1V 6NA. NHS Response Line 0870 1555 455. Download document: <http://www.nice.org.uk/pdf/CG021NICEguideline.pdf>

A falls prevention exercise programme in a primary care trust; by Linda Dobrzanska, Debbie Crossland, Maggie Domanski (et al).

Quality in Ageing, vol 5, no 3, November 2004, pp 25-32.

The Falls Exercise Prevention Programme for older people was introduced as a new project for North Bradford Primary Care Trust in 2002. The introduction of this new service was in response to an identified need to help reduce the incidence of falls, reduce serious injuries as a result of falling, and help improve and maintain the quality of life for those older people who had been identified as having had a fall or having a high risk of falling. The service was not established to be a front line service, but to be incorporated into the falls referral pathway. The exercises undertaken are all evidence based and proven to be effective with this population. However, the Group promotes other aspects of quality of life for older people, and promotes a holistic approach, including health promotion and education. The group has now expanded to incorporate a "Walking for Health" project, a "Walk from Home" project, and a "Buddy-Up" system. The Group is continually growing, and future plans are to incorporate a "Walks for Fallers". Evaluation of the service provides information to continually improve and extend the service on offer. (RH)

ISSN: 14717794

From : <http://www.pavpub.com>

Falls prevention in residential care homes: a randomised controlled trial; by Christopher A E Dyer, Gordon J Taylor, Mary Reed (et al).

Age and Ageing, vol 33, no 6, November 2004, pp 596-601.

196 residents aged 60+ in 20 residential care homes in West Wiltshire were enrolled, 102 of whom were assigned to a multifactorial falls prevention programme including 3 months gait and balance training, medication review, podiatry and optometry. In the intervention group, there was a mean of 2.2 falls per resident per year, compared with 4.1 for the 94 in the control group. While a modest reduction in falls was demonstrated, the result was not statistically significant. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Fear-related avoidance of activities, falls and physical frailty: a prospective community-based cohort study; by Kim Delbaere, Geert Crombez, Guy Vanderstraeten (et al).

Age and Ageing, vol 33, no 4, July 2004, pp 368-373.

Mobility tasks such as walking and reaching are more often avoided by those older people with fear of falling. Fear-related avoidance of activities is correlated with physical performance, including general physical frailty, postural control and maximal muscle strength. Fear-related evidence of activities is predictive of future falls. This article reports findings of a Belgian study of 225 community-living older people (94 men and 131 women) aged 61-92. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Footwear style and risk of falls in older adults; by Thomas D Koepsell, Marsha E Wolf, David M Buchner (et al).

Journal of the American Geriatrics Society, vol 52, no 9, September 2004, pp 1495-1501.

1,371 Americans aged 65+ were monitored for falls over a 2-year period; 327 qualifying cases were compared with 327 controls matched by age and sex. Standardised in-person examinations before fall occurrence, interviews about fall risk factors after the fall occurred, and direct examination of footwear were conducted. Questions for controls referred to the last time they engaged in an activity broadly similar to what the case was doing at the time of the fall. Athletic and canvas shoes (sneakers) were the styles of footwear associated with lowest risk of a fall. Going barefoot or in stocking feet was associated with sharply increased risk, even after controlling for measures of health status. Relative to athletic/canvas shoes, other footwear was associated with a 1.3-fold increase in the risk of a fall, varying somewhat by style. Contrary to findings from gait laboratory studies, athletic shoes were associated with relatively low risk of a fall for older people during everyday activities. Fall risk was markedly increased when participants were not wearing shoes. (RH)

ISSN: 00028614

From : <http://www.americangeriatrics.org><http://www.blackwellpublishing.com>

Gender and the negotiation between older people and their carers in the prevention of falls; by Khim Horton, Sara Arber.

Ageing and Society, vol 24, part 1, January 2004, pp 75-94.

The actions taken by relatives to prevent future falls were examined by in-depth interviews with 35 older people who had had recurrent falls, and separately with an identified key family member. Actions were classified as protective, coercive, negotiating, engaging, and "reflective of mutual respect". It was found that sons caring for older mothers took only "protective" and "coercive" actions, resulting in mothers having passive and submissive roles. In contrast, daughters who were caring for their fathers most often undertook "engaging" and some "negotiating" actions, which empowered the fathers in their decision making. Daughters had a "peer-like" relationship with the mothers whom they supported and cared for, and undertook primarily "negotiating" as well as "engaging" actions. The two men who cared for older men took no specific actions, but maintained mutual respect for each other. The findings demonstrate several ways in which the gender of dyad members influences the nature of the negotiation between close relatives, and throws light on the factors that influence the autonomy and dependence of older people. (RH)

ISSN: 0144686X

From : <http://journals.cambridge.org/>

Interventions for preventing falls and fall related injuries in older people: a mapping exercise ... on behalf of the Innovation Forum, Hertfordshire; by Frances Bunn, Karen Windle, Angela Dickinson, Centre for Research in

Primary and Community Care (CRIPACC), University of Hertfordshire. Hatfield: Centre for Research in Primary and Community Care, University of Hertfordshire, October 2004, 22 pp.

The prevention of falls is currently high on the health policy agenda in the UK, which has led to the establishment of many falls prevention services. This mapping exercise was carried out to identify interventions to prevent falls and fractures in people aged 75 and over. Selected papers for this analysis were systematic reviews of interventions to prevent falls or fall related fractures. 23 systematic reviews and two sets of evidence based guidelines that met inclusion criteria were found. These were categorised by the type of intervention. Fall prevention programmes were most effective when they were multifactorial, multidisciplinary interventions. There is mixed evidence on the effectiveness of exercise programmes, although strength and balance training seems to be promising. Risk assessment and home hazard reduction are most beneficial when targeted at high-risk individuals. Only two reviews looked at the effect on hospital admissions and no significant differences were found. At present, there is insufficient evidence to assess the effects of fall and fracture prevention interventions on hospital admissions. (KJ)

ISBN: 1898543909

From : Centre for Research in Primary and Community Care, University of Hertfordshire, College Lane, Hatfield AL10 9AB. E-mail: a.m.dickinson@herts.ac.uk Website: www.herts.ac.uk/cripacc

The National Service Framework for Older People: secular mysticism?; by Jed Rowe.: Institute of Ageing and Health, West Midlands, 2004, pp 14-17.

Ageing & Health, no 10, 2004, pp 14-17.

The National Service Framework for Older People (NSF) may have set standards for older people's healthcare. However, the author contends that the evidence base for it is lacking, and some of the interventions are ineffective or damaging. The dangers of the NSF becoming "a secular mysticism" are evident in the falls section (Standard 6), where "a parade of incorrect treasured beliefs are trotted out". In this article, the literature base on falls is used to sort the sensible suggestions from the rhetoric. (RH)

ISSN: 13649752

From : <http://www.iah-wmids.org.uk>

Preventing falls: managing the risk and effect of falls among older people in care homes; by Preventing Falls Programme, Help the Aged. London: Help the Aged, 2004, 20 pp.

Care home residents are at high risk of falling. Experience suggests that falls can be reduced by 50% when an individual's risks of falling are assessed and action taken to reduce them. This document gives examples of what care homes are doing to reduce the risk of falls and injuries. The aim is to support care home managers in responding to regulations and standards, and to protect the interests of older people in remaining independent, active and safe. Help the Aged was funded by the Department of Health (DH) in this work. (RH)

Price: FOC

From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ.

[http://www.helptheaged.org.uk/slipstripsemail: info@helptheaged.org.uk](http://www.helptheaged.org.uk/slipstripsemail:info@helptheaged.org.uk)

Prevention of falls in older people: the Weymouth and Portland project; by Eileen Mitchell.

Nursing Older People, vol 16, no 2, April 2004, pp 14-16.

South West Dorset Primary Care Trust (PCT) has been allocated funding since 1999/2000 to promote a prevention of falls programme. The author, as falls adviser, describes how the assessment of pre- and post-intervention outcome measures helped to prove the project's effectiveness, and enabling older people to maintain their independence. (RH)

ISSN: 14720795

From : <http://www.nursingolderpeople.co.uk>

Risk factors and risk assessment tools for falls in hospital in-patients: a systematic review; by David Oliver, Fergus Daly, Finbarr C Martin.

Age and Ageing, vol 33, no 2, March 2004, pp 122-130.

Accurate assessment of risk is important in designing interventions to prevent falls in inpatients. 28 papers on risk factors were identified in this literature review, with 15 excluded from further analysis. Despite the identification of 47 papers purporting to describe falls risk assessment tools, only six papers were identified where risk assessment tools had been subjected to prospective validation, and only two where validation had been performed in two or more patient cohorts. A small number of readily identifiable and potentially reversible risk factors for inpatient falls had been repeatedly identifiable in studies. Risk assessment tools with useful operational characteristics and widespread validation are few. Even the best will fail to classify a high percentage of fallers. Perhaps the key is to

look for reversible fall risk factors in all patients. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

The role of exercise in falls prevention for older patients; by Terry Hainsworth.

Nursing Times, vol 100, no 18, 4 May 2004, pp 28-29.

The prevention and management of falls in older people is a key target in the National Service Framework for Older People (NSF). While this will be familiar to nurses working with older people, the suggestion that t'ai chi should be used as an intervention may be new to many. The evidence supporting t'ai chi and many other forms of exercise has been evaluated within the National Institute for Clinical Excellence (NICE) falls guidance. This should enable nurses to look at the prevention interventions that are currently recommended, and question the evidence for or against their effectiveness. Nurses should also be able to identify factors that may present as barriers to participation. (RH)

ISSN: 09547762

From : <http://www.nursingtimes.net>

Self-reported alcohol consumption and falls in older adults: cross-sectional and longitudinal analyses of the Cardiovascular Health Study; by Kenneth J Mukamal, Murray A Mittleman, W T Longstreth (et al).

Journal of the American Geriatrics Society, vol 52, no 7, July 2004, pp 1174-1179.

Consumption of 14 or more drinks per week is associated with an increased risk of subsequent falls in older people. Cross-sectional studies may fail to identify this risk of heavier drinking, perhaps because older people at risk for falls decrease their alcohol use over time, or because heavier drinkers at risk for falls tend not to enrol in cohort studies. The study reported on here had 5,184 participants aged 65+. They were enrolled in the US Cardiovascular Health Study, which relies on annual reporting of falls. Cross-sectional analysis indicated an apparent inverse association between alcohol consumption and risk of frequent falls, but longitudinal analysis indicated a similar 4-year risk of falls in abstainers and light to moderate drinkers. Further prospective studies should be conducted to confirm these findings. (RH)

ISSN: 00028614

From : <http://www.americangeriatrics.org><http://www.blackwellpublishing.com>

Using targeted risk factor reduction to prevent falls in older in-patients: randomised controlled trial; by Frances Healey, Andrew Monro, Angela Cockram (et al).

Age and Ageing, vol 33, no 4, July 2004, pp 390-395.

There is evidence that identifying and tackling individual risk factors can reduce the incidence of falls in the community. This study tested the efficacy of a targeted risk factor care reduction core plan in reducing risk of falling in 8 care wards and associated community units of a district hospital in the North of England. Matched pairs of wards were randomly allocated to intervention or control groups. Staff in intervention wards used a pre-printed care plan for patients identified as at risk of falling, and introduced appropriate remedial measures. After introduction of the care plan, there was a significant reduction in the relative risk of recorded falls on intervention wards but not on control wards. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

2003

Association between falls in elderly women and chronic diseases and drug use: cross sectional study; by Debbie A Lawlor, Rita Patel, Shah Ebrahim.

British Medical Journal, vol 327, no 7417, 27 September 2003, pp 712-715.

Although the independent associations of particular diseases and types of drug are unclear, a number of chronic diseases, use of tranquillizers and antidepressants, and polypharmacy are associated with an increased risk of falling. Participants in this cross-sectional survey were 4050 women aged 60-79 in the British Women's Heart and Health Study. The prevalence of falling in the previous 12 months increased with increasing numbers of simultaneously occurring chronic diseases. However, no such relation was found in the fully adjusted data for the number of drugs taken. Circulatory disease, chronic obstructive pulmonary disease, depression and arthritis were all associated with increased odds of falling. The fully adjusted population attributable risk of falling associated with having at least one chronic disease was 32.2%. Only two classes of drugs (hypnotics and anxiolytics, and antidepressants) were

independently associated with an increased odds of falling. Each class was associated with an increase of about 50% in the odds of falling, and each had a population attributable risk of <5%. (RH)
ISSN: 09598138

Breaking the fall: [measures to address the health costs of falls at home]; by Mike George.

Care and Health Magazine, issue 48, 5 November 2003, pp 30-32.

Four out of ten admissions of older people to nursing homes are the result of a fall, and the problem costs health and social care services £1 billion a year. Standard 6 of the National Service Framework for Older People (NSF) relates to falls, and local authority organisations are required to have a specialised and integrated falls service in place by April 2005. The Department of Health (DH) has also issued a guide, "How can we help older people not fall again?". The author reports on examples of how the problem is being tackled. The London Borough of Hackney has a Community Falls Network for older people at risk, which offers exercise classes and t'ai chi. Other initiatives - such as the Northampton Healthy Communities Collaborative, and a pilot site in the Wirral - come under the National Falls Collaborative. (RH)

ISSN: 14779994

From : <http://www.careandhealth.com>

Community-based group exercise improves balance and reduces falls in at-risk older people: a randomised controlled trial; by Anne Barnett, Ben Smith, Stephen R Lord (et al).

Age and Ageing, vol 32, no 4, July 2003, pp 407-414.

Recent studies have found that moderate intensity exercise is an effective intervention strategy for preventing falls in older people. This Australian study aimed to determine whether participation in a weekly group exercise programme with ancillary home exercises over one year improves balance, muscle strength, reaction time, physical functioning, health status and prevents fall in at-risk community-dwelling older people. The sample comprised 163 residents of Sydney aged 65+ identified as at risk from falling. Subjects were randomised into either an exercise intervention group or a control group. The intervention subjects attended a median 23 exercise classes over the year, and most undertook home exercise sessions at least weekly. At retest, the exercise group performed significantly better on three of six balance measures: postural sway on the floor with eyes open and eyes closed, and coordinated stability. The groups did not differ on measures of strength, reaction time and walking speed or on Short Form 36 (SF-36), Physical Activity Scale for the Elderly, or fear of falling scales. Overall, within the 12-month period, the rate of falls in the intervention group was 40% lower than that of the control group. (RH)

ISSN: 00020729

The concept of risk and older people: implications for practice; by Johanna Clarke.

Nursing Older People, vol 15, no 7, October 2003, pp 14, 16, 18.

The author explores risk-taking, and what it means for nurses in relation to their care of older people. She uses falls and accidents in the home as examples to illustrate how older people's rights, risks and responsibilities combine. (RH)

ISSN: 14720795

Dementia as a risk factor for falls and fall injuries among nursing home residents; by Carol van Doorn, Ann L Gruber-Baldini, Sheryl Zimmerman (et al).

Journal of the American Geriatrics Society, vol 51, no 9, September 2003, pp 1213-1218.

Participants were 2,015 residents admitted to 59 randomly selected nursing homes in Maryland. In the 2 years after their admission, these residents had fall data collected from nursing home charts and hospital discharge summaries. The unadjusted fall rate for residents with dementia was 4.05 per year, compared with 2.33 per year for residents without dementia. The effect of dementia on the rate of falling persisted when known risk factors were taken into account. Among fall events, those occurring to residents with dementia were no more likely to result in injury than falls of residents without dementia. However, given the markedly higher rates of falling by residents with dementia, their rate of injurious falls was higher than for residents without dementia. Dementia is an independent risk factor for falling. Although most falls do not result in injury, the fact that residents with dementia fall more often than their counterparts without dementia leaves them with higher overall risk of sustaining injurious falls over time. (RH)

ISSN: 00028614

Depression in older people after fall-related injuries: a prospective study; by Winnie Scaf-Klomp, Robbert Sanderman, Johan Ormel, (et al).

Age and Ageing, vol 32, no 1, January 2003, pp 88-94.

159 participants in the Groningen Longitudinal Ageing Study (GLAS) who had sustained various kinds of fall-related injuries to limbs were assessed post-injury at 8 weeks, 5 months and 1 year. Pre- and post-injury levels of depression were compared using Student's t-test and effect size indices. Hierarchical multiple regression analysis was used to examine the contribution of change in physical functioning between baseline and 1 year post-injury to depression 1 year post-injury. Severity of injury was not associated with depression. The findings also suggest that recovery appears to plateau 5 months after the injury, but that levels of depression did not increase until 5 months post-injury. Depressive reactions did not occur as long as patients experience improvement of physical functions. No significant differences in this respect were found between hip fracture patients and patients with other injuries. (RH)
ISSN: 00020729

The development of fear of falling among community-living older women: predisposing factors and subsequent fall events; by Susan L Murphy, Joel A Dubin, Thomas M Gill.

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 58A, no 10, October 2003, pp 943-947.

Fear of falling is a common and potentially modifiable health problem in older people. The participants evaluated in this study were 313 women aged 72+, members of the Project Safety cohort living in New Haven CT, and who had a fear of falling. They underwent a comprehensive in-home assessment, and were reassessed for fear of falling 1 year later. 84 participants (27%) developed a fear of falling at 1 year, and 77 (25%) experienced at least one fall event. The predisposing factors for developing a fear of falling included: age 80 years or older; visual impairment; a sedentary lifestyle; and no available emotional support. The occurrence of a subsequent fall event was also significantly associated with developing a fear of falling, although this effect was observed only in participants who had at least one predisposing factor. Since many of the predisposing factors are related to fall risk, preventive efforts to reduce fear of falling may also decrease the likelihood of falling. (RH)

ISSN: 10795006

From : www.geron.org

Effects of physical training on the physical capacity of frail, demented patients with a history of falling: a randomised controlled trial; by Claire Toulotte, Claudine Fabre, Benedicte Dangremont, (et al).

Age and Ageing, vol 32, no 1, January 2003, pp 67-73.

The balance of frail, demented older patients with a history of falling can be improved by training, as evidenced by this French study undertaken with 20 such older people. Their average age was 81, and had Mini Mental State Examination (MMSE) scores of 16.3 (± 6.5). They had all passed "get up and go", "chair sit and reach", walking speed and static balance tests. They were assigned to a control group or a training group, the latter being trained with two sessions a week for 16 weeks. Walking, mobility, flexibility and static balance were significantly improved in the training group, but not in the controls. Whereas the controls suffered a relapse, the trained subjects did not, there being an absence of falls in that group. (RH)

ISSN: 00020729

Falls and accident prevention: HIAs delivering government strategies; by Foundations - National Co-ordinating Body for Home Improvement Agencies. Glossop, Derbyshire: Foundations - National Co-ordinating Body for Home Improvement Agencies, 2003, 15 pp (Evidence Project series).

Home Improvement Agencies (HIAs) are small, locally-based, not-for-profit organisations that can assist older, disabled or vulnerable homeowners or private sector tenants to repair, maintain or adapt their homes. Standard Six of the National Service Framework for Older People (NSF) concerns falls. This booklet provides evidence that HIAs can help local authorities and health services in tackling falls prevention in a cost-effective, client-focused way. (RH)

From : Foundations, Bleaklow House, Howard Town Mill, Glossop, SK13 8HT. <http://www.foundations.uk.com>

Falls and bone health services for older people; by Jacqueline C T Close, Marion E T McMurdo, British Geriatrics Society Falls and Bone Health Section - BGS.

Age and Ageing, vol 32, no 5, September 2003, pp 494-496.

The evidence base for prevention of falls in older people continues to grow, yet implementation of successful strategies has been slow. Moreover, despite a reasonable knowledge base, non-evidence-based services are being

developed and receiving funding. Excellent guidelines exist to inform commissioners and service providers alike. This paper serves to provide simple and digestible guidance on the key components of a comprehensive falls service as derived from the existing evidence base. (RH)

ISSN: 00020729

Fear of falling: links between imbalance and anxiety; by Lucy Yardley.

Reviews in Clinical Gerontology, vol 13, no 3, August 2003, pp 195-202.

This review examines the relationship between unsteadiness, falling and anxiety, and their combined impact on the lives of older people. It draws on the literature regarding the link between anxiety and balance disorders to suggest possible explanations for observed patterns of association between older people's physical and psychological balance-related problems. The paper thus considers various ways in which unsteadiness, falling and anxiety may be connected. It then reviews what is known about fear of falling, including the causes, consequences and assessment of falling-related fears. Lastly, the implications of therapy are considered. (RH)

ISSN: 09592598

From : <http://journals.cambridge.org>

The impact of falls on quality of life: empowering older women to address falls prevention; by Lori E Weeks, Karen A Roberto.

Quality in Ageing, vol 4, no 3, November 2003, pp 5-13.

Although older women are at disproportionate risk of falling and being injured, little is known about the effect of falling on their quality of life. This qualitative study examined the perceived causes of falling in older women, identified how older women's perceived quality of life is influenced by falls, and explored how women can be empowered to prevent falls from happening. Women who participated in focus groups indicated that the consequences of falling ranged in severity and duration, and encompassed physical and psychosocial domains. The women took some ownership in preventing falls in their lives, and believed that falls were caused by factors in the physical environment, and personal health factors and practices. The results allow us to gain insight into the consequences of falls on older women's lives, and that older women can influence change by preventing falls from occurring and affecting their lives. (RH)

ISSN: 14717794

From : www.pavpub.com

Incidence and costs of unintentional falls in older people in the United Kingdom; by P Scuffham, S Chaplin, R Legood.

Journal of Epidemiology & Community Health, vol 57, 2003, pp 740-744.

Unintentional falls impose a substantial burden on health and social services. The Home Accident Surveillance System (HASS), the Leisure Accident Surveillance System (LASS) and Hospital Episode Statistics (HES) data were used to identify numbers of admissions to hospital for fall-related injuries in England and Wales for 1999. There were 647,721 accident and emergency (A&E) attendances and 204,424 admissions to hospital for fall-related injuries in people aged 60+. Attendance rates per 100,000 population were: 275.3 (ages 60-64), 287.3 (65-69), 367.9 (70-74) and 946.3 (age 75+); and hospital rates of admission per 10,000 population were 34.5, 52, 91.9 and 368.6 respectively. The cost per 10,000 population was £300,000 in the 60-64 age group, rising to £1,500,000 in those aged 75+. These bills cost the UK government £981 million, of which the NHS incurred 59.2%. Most of the costs (66%) were attributable to falls in those aged 75+. The major cost driver was inpatient admission, accounting for 49.4% of total cost of falls. Long-term care costs were the second highest, accounting for 41%, primarily in those age 75+. (OFFPRINT) (RH)

ISSN: 0143005X

Intense Tai Chi exercise training and fall occurrences in older, transitionally frail adults: a randomized, controlled trial; by Steven L Wolf, Richard W Sattin, Michael Kutner (et al).

Journal of the American Geriatrics Society, vol 51, no 12, December 2003, pp 1693-1701.

291 women and 20 men aged 70-97 took part in this 48 week randomised controlled trial conducted in 20 congregate living facilities in Atlanta, Georgia, in which the aim was to determine whether intense t'ai chi (TC) could reduce the risk of falls more than a wellness education (WE) programme. The risk ratio (RR) of falling was found not to be statistically different between those in the TC or WE groups. Over the 48 weeks of the intervention, 46% of the participants did not fall: the percentage of those falling at least once was 47.6% for the TC group, while the percentage for the WE group was 60.3%. Overall, the authors conclude that TC did not reduce the RR of falling

in transitionally frail older people, but the direction of effect observed in this study, together with positive findings seen previously in more robust older people suggests that TC may be clinically important, and should be evaluated further in this high-risk population. (RH)

ISSN: 00028614

From : <http://www.americangeriatrics.org><http://www.blackwellpublishing.com>

Is a fall just a fall: correlates of falling in healthy older persons: the Health, Aging and Body Composition Study; by Nathalie de Rekeneire, Marjolein Visser, Rita Peila (et al).

Journal of the American Geriatrics Society, vol 51, no 6, June 2003, pp 841-846.

3,075 high functioning black and white older Americans aged 70 to 79 living in the community and enrolled to the Health ABC Study in 1997-98 were assessed for physical function using self-report and performance measures. Almost a quarter (24.1%) of women and 18.3% of men reported at least one fall within the year before the baseline examination. Fallers were more likely to be female and white; report more chronic diseases and medications; have poorer balance and leg strength; slower 400 metre walk time; and lower muscle mass. In men, multivariate regression models showed white race, slower 6 metre walk speed, poor standing balance, inability to do 5 chair stands, report of urinary incontinence, and mid-quintile of leg muscle strength to be independently associated with report of falling. In women, benzodiazepine use and reported difficulty in rising from a chair were associated with past falls. Falls history needs to be screened in healthy older people, as specific correlates of falling can be identified to define those at risk. (RH)

ISSN: 00028614

Is social integration associated with the risk of falling in older community-dwelling women?; by Kimberly A Faulkner, Jane A Cauley, Joseph M Zmuda (et al).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 58A, no 10, October 2003, pp 954-959.

Social integration may lead to social support, which may in turn protect older people living in the community from falls. The authors examined incident falls over 3 years across quartiles of social integration scores for 6,692 white women (mean age 77) enrolled in the US Study of Osteoporotic Fractures (SOF). Social integration was assessed using family networks, friendship networks and interdependence scores. A total of 11,863 falls were reported, or 600 falls per 1000 women per year. In age-adjusted analysis, the average incidence rate of falls correlated inversely with family networks and interdependence. In multivariate analysis, increasing family networks were inversely associated with fall risk. Thus, strong family networks may protect against the risk of falls in older people living in the community. (RH)

ISSN: 10795006

From : www.geron.org

Medication use and falls in community-dwelling older persons; by Kaven D Kelly, Will Pickett, N Yiannakoulias (et al).

Age and Ageing, vol 32, no 5, September 2003, pp 503-509.

The association between injurious falls requiring a visit to the emergency department and various classes of medications was examined in a Canadian population-based study of community living people aged 66+ in greater Edmonton, Alberta in 1998. During the study year, there were 2,405 falls reported by 2,278 individuals to six regional emergency departments, giving a crude fall rate of 31.6 per 1,000 population per year. The initial analysis identified 7 medication classes that were associated with an increased risk of an injurious fall, while controlling for age, gender and income. However, with further analyses controlling for the additional effects of comorbid disease, narcotic pain-killers, anti-convulsants and antidepressants were significant independent predictors of sustaining an injurious fall. (RH)

ISSN: 00020729

Preventing falls in older people: a multi-agency approach; by Tony Luxton, Jackie Riglin.

Nursing Older People, vol 15, no 2, April 2003, pp 18-21.

Falls among older people are common, disabling and often fatal. An inter-agency approach, in which nurses play an important role, can help identify risk factors and prevent falls occurring. This article includes a description of the "Walk Tall, Don't Fall" health promotion campaign which targets groups of older people, for example, in sheltered housing, church groups and luncheon clubs in South Cambridgeshire. (RH)

ISSN: 14720795

Preventing fractures in elderly people; by Anthony D Woolf, Kristina Akesson.

British Medical Journal, vol 326, no 7406, 12 July 2003, pp 89-95.

Prevention of fractures includes reducing the number of falls, reducing the trauma associated with falls, and maximising bone strength at all ages. This article reviews the literature, and describes the factors contributing to fracture and interventions to prevent fracture. It notes that previous fracture and low bone density are strong risk factors for future fracture; those at highest risk can be identified by combining these with other risk factors. Pharmacological treatment is most clinically effective and cost effective when targeted at those who are at highest risk. Reasons for previous falls and unsteadiness in older patients should be investigated. (RH)

ISSN: 09598138

The role of perceived control in the process of older people's recovery of physical functions after fall-related injuries: a prospective study; by Gertrudis I J M Kempen, Johan Ormel, Winnie Scaf-Klomp (et al).

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 58B, no 1, January 2003, pp P35-P41.

The severity of an injury following a fall is the predominant contributor to disability in the short term, but becomes insignificant over time, whereas the influence of age on recovery becomes more important. 165 older people from the Groningen Longitudinal Aging Study (GLAS) were assessed at baseline for two indicators of perceived control: mastery and self-efficacy expectations. Follow-up assessments of functioning were made at 8 weeks, 5 months and 12 months. Physical functioning referred to self-reported difficulties with activities of daily living (ADLs). Covariates included age, gender, level of education, pre-injury levels of social support and disability, and additionally, the severity of the injury sustained in a fall. Although significant at 8 weeks and of borderline significance at 5 months post-injury, the predictive role of perceived control appeared to be comparatively small. Pre-injury levels of disability were highly predictive for disability at all three post-injury assessments. (RH)

ISSN: 10795014

Steady As You Go (SAYGO): a falls prevention program for seniors living in the community; by Ellie Robson, Joy Edwards, Elaine Gallagher (et al).

Canadian Journal on Aging, vol 22, no 2, Summer 2003, pp 207-216.

Designed in the Capital Health region of Alberta, the Steady As You Go (SAYGO) falls prevention programme integrated the knowledge gained from successful falls prevention research into a brief community intervention. SAYGO included a multifactorial, risk abatement approach, as well as a cognitive behavioural and environmental focus. 660 relatively healthy and mobile community-dwelling older people were the target population; and the randomised community trial was conducted in urban and rural areas of Alberta. Those who completed the program made significant reductions in 8 of the 9 risk factors tackled by the program. In a 4-month follow-up, the proportion of those who fell was lower in the treatment group (17%) than in the control group (23%). Among those who had fallen in the previous year, a significantly lower proportion of those in the treatment group experienced a fall in the follow-up period (20%), as compared to the 35% in the control group. (RH)

ISSN: 07149808

"Stops walking to talk": a simple measure of predicting falls in the frail elderly; by Jennifer C Nitz, Karen J Thompson.

Australasian Journal on Ageing, vol 22.2, June 2003, pp 97-99.

12 frail residents of care facilities were assessed for falls likelihood with the Timed Up-and-Go (TUG) and the Berg Balance Scale (BBS) tests, and then observed in walking to determine whether they needed to stop walking to talk. These results were compared with the number of falls subjects had experienced in the previous 6 months. Eight were deemed at risk of falling by the TUG, and seven by the BBS. Four of these had fallen in the previous 6 months. Three subjects needed to stop walking to talk on at least one occasion, and were deemed at risk of falling by the TUG and BBS. One of these had fallen in the previous 6 months. A future study with a larger sample size and incorporating memory recall in the conversation should be used to confirm these results. (RH)

ISSN: 14406381

The use of balance training in elderly people with falls; by P W Overstall.

Reviews in Clinical Gerontology, vol 13, no 2, May 2003, pp 153-162.

The strongest evidence for reducing falls in at-risk older people is combined balance and strength training and

regular walking. This article reviews the literature to discuss factors associated with falls, the importance of postural control, and whether balance training is more effective on its own or when combined with muscle-strengthening exercises. (RH)

ISSN: 09592598

From : journals.cambridge.org

Visual factors should be assessed in older people presenting with falls or hip fracture; by Ahmed H Abdelhafiz, Christopher A Austin.

Age and Ageing, vol 32, no 1, January 2003, pp 26-30.

Visual impairment - although not routinely assessed - is an important risk factor for falls and hip fracture in older people. Impaired vision is highly prevalent and commonly unreported in the older population, particularly in women and those living in nursing homes. Measurement of visual functions such as visual acuity, contrast sensitivity, and depth perception may identify older people at risk of falls and hip fracture. Visual loss in older people is correctable in most cases. Intervention strategies - for example, change of glasses or cataract extraction - may have the potential of improving visual function and preventing falls in older people. The authors explore the relationship between visual impairment and risk factors for falls and hip fractures through a MEDLINE review of relevant literature since 1966. (RH)

ISSN: 00020729

2002

Blood pressure changes on upright tilting predict falls in older people; by Edward Heitterachi, Stephen R Lord, Phillip Meyerkort (et al).

Age and Ageing, vol 31, no 3, May 2002, pp 181-186.

Orthostatic hypotension may be an important risk factor for falls, though this has not yet been demonstrated in prospective studies. This may be because conventional methods for measuring blood pressure changes are too imprecise and not optimally timed. 14 men and 56 women aged 62-92 from two retirement villages in Sydney, Australia participated in this study. Their blood pressure, medication use, and symptoms of dizziness were recorded at the start and followed up for 12 months to determine the incidence of falls. Those who fell in the follow-up period had significantly greater decrease in systolic blood pressure when tilted than those who did not fall. Symptoms of dizziness and anti-hypertensive and antidepressant drug use were not significantly associated with systolic blood pressure drops or falls. The findings indicate that both the decrease in blood pressure and the unstable nature of the blood pressure response following upright tilt are useful predictors of falls in older people. (RH)

ISSN: 00020729

Characteristics associated with fear of falling and activity restriction in community-living older persons; by Susan L Murphy, Christianna S Williams, Thomas M Gill.

Journal of the American Geriatrics Society, vol 50, no 3, March 2002, pp 516-520.

Of 1,064 community-living people aged 72+ from the Project Safety cohort living in New Haven, CT in 1989, 57% reported fear of falling. 24% reported falling alone, and 19% reported restricting activity. The proportion of those with poor health, slow timed physical performance, activities of daily living (ADL) disability, and poor psychosocial function was highest in those with activity restriction, intermediate in those falling alone, and lowest in those with no fear of falling. Of those with a fear of falling, characteristics independently associated with activity restriction were history of an injurious fall, slow timed physical performance, two or more chronic conditions, and depressive symptoms. (RH)

ISSN: 00028614

The construction of the risk of falling among and by older people; by Claire Ballinger, Sheila Payne.

Ageing & Society, vol 22, part 3, May 2002, pp 305-324.

Risk is prominent in explanations of health and illness, but its construction is often constrained by a rationalist perspective focusing on physical causes and functional outcomes, and presenting risk as external to the self and as predictable. This paper describes an empirical study of the ways in which risk was realised and managed in a day hospital for older people. An ethnographic approach, with participant observation and semi-structured interviews, and discourse analysis were used to explore these issues with staff and 15 users. Whilst service providers were orientated to managing physical risk, through medication and attention to risk reduction in the physical environment, service users were more concerned with the risk to their personal and social identities, and they more frequently

described its manifestations in interpersonal exchanges, sometimes as infantilisation and stereotyping. This understanding of the potential for falls among older people to elucidate a broader interpretation of risk is developed, revealing that it is commonly constructed as a challenge to a person's self-image and identity. Such constructions help to explain older people's responses to complex health problems, and to the services and treatments that attempt to solve them. (KJ/RH)

ISSN: 0144686X

Continuity of care and health decline associated with a hip fracture; by Marilyn Cree, Qian Yang, Anne Sclater (et al).

Journal of Aging and Health, vol 14, no 3, August 2002, pp 385-398.

Pre-fracture and post-fracture information was obtained from 607 residents aged 65+ from the Edmonton area of Alberta, Canada, who had fractured a hip between July 1996 and August 1997. Fracture patients were likely to have been admitted to hospital and have had low continuity of care. Patients making frequent visits to their general practitioner (GP) were at increased risk of both pre-fracture hospital admission and post-fracture health decline. Pre-fracture hospitalisation was less likely for patients with high physical function; and patients of high mental status were less likely to experience post-fracture health decline. (KJ/RH)

ISSN: 08982643

Dao Yin Yang Sheng Gong: reducing the risk of falls; by Mary Dupoy, Tina Borfiga, Mike Richardson.: Institute of Ageing and Health, West Midlands, 2002, pp 17-21.

Ageing & Health, no 8, 2002, pp 17-21.

The Dao Yin Yang Sheng Gong (Duo Yin) initiative was set up in 1996 to provide safe, effective exercise for frail older people in Jersey, to improve their mobility and reduce their risk of falling. As a person's mobility becomes impaired, falling and fear of falling can have a radical effect on one's independence and quality of life. Duo Yin offered a new opportunity for people at risk, by providing an activity that counters the effects of instability and frailty, and which has shown to be effective. (RH)

ISSN: 13649752

Evaluation of a nurse-led falls prevention programme versus usual care: a randomized controlled trial; by Elizabeth Lightbody, Caroline Watkins, Michael Leathley (et al).

Age and Ageing, vol 31, no 3, May 2002, pp 203-210.

A fifth of those attending Accident and Emergency Departments (A&E) do so with a fall. 348 consecutive patients attending A&E at University Hospital Aintree, Liverpool with a fall were randomised to the nurse intervention or "usual care". The nurse intervention included a home assessment to deal with easily modifiable risk factors for falls, and assessments of medication, ECG, blood pressure, cognition, visual acuity, hearing, vestibular dysfunction, balance, mobility, feet and footwear. All patients were given advice and education about general safety in the home. Although differences between the two groups were not significant, patients in the intervention group had fewer falls and hospital attendances, and spent less time in hospital. The single assessment of risk factors for falls with appropriate intervention increased long term independence. Falls prevention programmes should focus not only on falls, but also on independence. (RH)

ISSN: 00020729

Falls; by N Colledge.

Reviews in Clinical Gerontology, vol 12, no 3, August 2002, pp 221-232.

Falls cause substantial morbidity and mortality in old age, with disease, disability and drugs being important as causing falls. The author reviews literature on the risk factors and prevention of falls, concluding that further work is needed to find effective ways of delivering preventive programmes to older people. (RH)

ISSN: 09592598

Going, going, gone: reducing falls; by Lorna Easterbrook, Khim Horton, Sara Arber (et al).

Working with Older People, vol 6, no 1, March 2002, pp 19-24.

Reducing falls amongst older people in the UK has been a government target for at least a decade. It now features as part of the National Service Framework for Older People (NSF). In 2001, the authors reviewed a range of UK and overseas studies aimed at reducing falls. This article is based on their report, "International review of interventions in falls among older people" published by the Department of Trade and Industry in November 2001. It forms part of the DTI's campaign to reduce falls in older people, "Avoiding slips, trips and broken hips", which began in 1999.

(RH)

ISSN: 13663666

The influence of outside temperature and season on the incidence of hip fractures in patients over the age of 65; by Timothy J S Chesser, Isobel Howlett, Anthony J Ward (et al).

Age and Ageing, vol 31, no 5, September 2002, pp 343-348.

It is often assumed that hip fractures occur more commonly in winter, but there is conflicting evidence. This issue needs to be clarified to aid planning of health resources, and understanding of the aetiology of these fractures in older people. 818 patients aged 65+ presenting with hip fractures at a district hospital were studied over a 5-year period. No significant difference was found in the incidence of fractures with different temperatures, changes in temperature, season or month (as measured at Bristol Weather Centre). Although patients presenting in winter months had significantly longer hospital stays, there was no significant difference in characteristics of patients presenting in different seasons or temperature ranges. It could be that there may be no extra demand on resources to treat hip fractures during the winter months in southern England. (RH)

ISSN: 00020729

Intensive physical training in geriatric patients after severe falls and hip surgery; by Klaus Hauer, Norbert Specht, Mathias Schuler (et al).

Age and Ageing, vol 31, no 1, January 2002, pp 49-57.

Progressive resistance training and progressive functional training are safe and effective methods to increase strength and functional performance during rehabilitation in patients after hip surgery and a history of injurious falls. The authors report a study of a 3-month training intervention and 3-month follow-up of 28 German older patients admitted to acute care or inpatient rehabilitation because of fall-related hip fracture or hip replacement. No training-related medical problems occurred in the study group (15 intervention, 13 control). 24 patients (86%) completed all assessments during the intervention and follow-up. Training significantly increased strength, functional motor performance and balance, and reduced fall-related behavioural and emotional problems. Some improvements in strength persisted during the follow-up, while other strength variables and functional performances were lost after cessation of training. Patients in the control group showed no change in strength, functional performance and emotional state over the 6 months. (RH)

ISSN: 00020729

A multidisciplinary practice guideline for hip fracture prevention in residential aged care; by Samuel Scherer, Catherine Jennings, Mindy Smeaton (et al).

Australasian Journal on Ageing, vol 21, 4, December 2002, pp 203-209.

There were more than 15,000 hip fractures in Australia in 1996; and some 40% of hip fractures in Australia and New Zealand occur among older people living in institutions. The authors have developed and implemented a pilot multidisciplinary practice guideline integrating fall prevention, hip protectors and osteoporosis management in a group of 50 residents at very high risk of hip fracture. They describe the characteristics of those residents, and report the outcome of this observational study, which resulted in an implementation rate of between 50% and 86% for six individually considered interventions at 6-month follow-up. (RH)

ISSN: 14406381

Prevalence and risk factors for falls in an older community-dwelling population; by Matteo Cesari, Francesco Landi, Sergio Torre (et al).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 57A, no 11, November 2002, pp M722-M726.

Falls are responsible for considerable morbidity, immobility and mortality in older people. This study aims to determine the prevalence of falls and related intrinsic and extrinsic risk factors. It is based on an observational study of 5,570 older Italian patients admitted from 1997 to 2001 to home care programmes participating in the National Silver Home Care project, under the aegis of the Italian Geriatrics Society. Evaluation used the Minimum Data Set - Home Care (MDS-HC) instrument. A 35.9% prevalence of falls was found within 90 days of the patient assessment. Those affected by depression were more likely to fall. Those who lived in an unsafe place with environmental hazards had an increased risk of falling. Rate of falls among frail older people living in the community is very high, and frequently correlates with potentially reversible factors. Home care staff and general practitioners (GPs) could use the MDS-HC assessment tool to identify those with higher falling risk. (RH)

ISSN: 10795006

The prevention and management of falls (NSF Standard 6): Falls 2 [workshop]: 17 January 2002 - Safer environments in hospitals and care homes; by Centre for Policy on Ageing - CPA; Gray's Inn Communications. London: Centre for Policy on Ageing - CPA, 2002, various (Framework into practice - making it happen).

To accompany the second in a series of five workshops on the prevention and management of falls, this dossier comprises speakers' materials concerning safer environments in hospitals and care homes, in particular, risk assessment and risk management. (RH)

From : Centre for Policy on Ageing, 19-23 Ironmonger Row, London EC1V 3QP.

The prevention and management of falls (NSF Standard 6): Falls 3 [workshop]: 23 January 2002 - Reducing falls through a safer environment; by Centre for Policy on Ageing - CPA; Gray's Inn Communications. London: Centre for Policy on Ageing - CPA, 2002, various (Framework into practice - making it happen).

To accompany the third in a series of five workshops on the prevention and management of falls, this dossier comprises speakers' materials. The theme of reducing falls through a safer environment was examined in a series of case studies: putting together a local falls prevention strategy and programme; building a community response to falls; falls and the local HImp; and building safer communities - the partnership response to falls. (RH)

From : Centre for Policy on Ageing, 19-23 Ironmonger Row, London EC1V 3QP.

The prevention and management of falls (NSF Standard 6): Falls 4 [workshop]: 5 February 2002 - The service response; by Centre for Policy on Ageing - CPA; Gray's Inn Communications. London: Centre for Policy on Ageing - CPA, 2002, various (Framework into practice - making it happen).

To accompany the fourth in a series of five workshops on the prevention and management of falls, this dossier comprises speakers' materials on falls services in East Cambridge and Essex. (RH)

From : Centre for Policy on Ageing, 19-23 Ironmonger Row, London EC1V 3QP.

The prevention and management of falls (NSF Standard 6): Falls 5 [workshop]: 6 February 2002 - Falls and the individual; by Centre for Policy on Ageing - CPA; Gray's Inn Communications. London: Centre for Policy on Ageing - CPA, 2002, various (Framework into practice - making it happen).

To accompany the last in a series of five workshops on the prevention and management of falls, this dossier comprises speakers' materials. Sessions included: the contributions of exercise physiology to falls prevention and individual well-being; nutrition and post-fall care; and developing a cross-agency service response. (RH)

From : Centre for Policy on Ageing, 19-23 Ironmonger Row, London EC1V 3QP.

The prevention and management of falls (NSF Standard 6): Information pack on a series of five practical workshops supporting the development and implementation of the National Service Framework; by Centre for Policy on Ageing - CPA; Gray's Inn Communications; Health and Social Care Quality Network. London: Centre for Policy on Ageing - CPA, 2002, various (Framework into practice - making it happen).

To accompany the CPA Conference which was a conclusion to the five workshops on the prevention and management of falls, held between November 2001 and February 2002. This information pack comprises speakers' materials and the workshops covered: Clinical issues; Safer care environments; Reducing falls through a safer environment; Service response; and Falls and the individual. (KJ)

From : Centre for Policy on Ageing, 19-23 Ironmonger Row, London EC1V 3QP.

A prospective study of the relationship between feared consequences of falling and avoidance of activity in community-living older people; by Lucy Yardley, Helen Smith.

The Gerontologist, vol 42, no 1, February 2002, pp 17-23.

The most common beliefs concerning negative and feared consequences of falling are identified using a questionnaire, completed by 224 participants aged 75+ from the Wessex Fracture Prevention Trial. Beliefs about the consequences of falling were related to demographic characteristics, falling history, and avoidance of activity. The questionnaires were completed again by 166 participants 6 months later. Commonly feared consequences of falling were loss of functional independence and damage to identity. These fears were correlated with avoidance of activity (after adjusting for age, sex and recent falling history) and predicted avoidance in activity 6 months later (after adjusting for baseline levels of avoidance). Concerns about damage to social identity, as well as functional incapacity, are common and motivate avoidance of activity. (RH)

ISSN: 00169013

Randomised factorial trial of falls prevention among older people living in their own homes; by Lesley Day, Brian Fildes, Ian Gordon (et al).

British Medical Journal, vol 325, no 7356, 20 July 2002, pp 128-130.

A weekly exercise programme focusing on balance, plus exercise at home, can help to prevent falls, as evidenced in this study of 1,090 Australians aged 70+ living at home and in good health. Three interventions (group based exercise, home hazard management, and vision improvement) were delivered to eight groups defined by the presence or absence of each intervention. An 18-month falls calendar ascertained the time to first fall. The number of people needed to be treated to prevent one fall a year ranged from 32 for home hazard management, to 7 for all three interventions combined. The study finds that home hazard management and vision screening and referral are not markedly effective in reducing falls when used alone, but do add value when combined with the exercise programme. (RH)

ISSN: 09598138

Recreational physical activity levels in healthy older women: the importance of fear of falling; by David G Bruce, Amanda Devine, Richard L Prince.

Journal of the American Geriatrics Society, vol 50, no 1, January 2002, pp 84-89.

1,500 older Australian women aged 70-85 selected at random from the electoral roll participated in this study. Subjects had low levels of physical and cognitive impairments. 24.1% of the group was obese (body mass index, BMI >30). 26% of the women did not participate in recreational physical activity; 39% participated in sufficient activity to gain probable health benefits. Although those women who did not participate in recreational activities were most likely to report fear of falling (45.5%), it was common in the group as a whole (33.9%), including the most active women (27%). Subgroup analysis suggested that fear of falls affected activity levels at a pre-disability stage in women with mildly impaired mobility. Fear of falling is an important psychological barrier that may need to be overcome in programmes that attempt to improve activity levels in older women. (RH)

ISSN: 00028614

Restraint use, restraint orders, and the risk of falls in hospitalized patients; by Ronald I Shorr, M Katherine Guillen, Linda C Rosenblatt (et al).

Journal of the American Geriatrics Society, vol 50, no 3, March 2002, pp 526-529.

In a study of 228 patients who fell during their stay in a US acute care hospital and 228 controls matched by nursing unit and length of stay, those with orders for restraint were more likely to fall than those without orders. Because orders for restraint use may not reflect actual restraint use at the time of a fall, observational studies relating use of restraints to the risk of falls should be interpreted with caution. Despite this caveat, the authors could find no evidence that restraints protect hospital patients from falling. (RH)

ISSN: 00028614

Risk factors for serious falls among community-based seniors: results from the National Population Health Survey; by Paula C Fletcher, John P Hirdes.

Canadian Journal on Aging, vol 21, no 1, Spring 2002, pp 103-116.

The factors associated with falling are examined for some 3,100 individuals aged 65+ who participated in Canada's 1994 National Population Health Survey (NPHS). The intent of the NPHS is to monitor the health of Canadians and the risk factors that affect their health. Several factors were identified as increasing the risk of falling, such as advanced age, being female, certain medical conditions, medication use, and impaired mobility. The results from this larger, national survey confirm the findings of many studies using smaller samples within individual communities. Continuation of the NPHS will assist in offering longitudinal data with respect to falls, and allow for establishing a temporal order prior to the fall event, in order to provide more definitive evidence with regard to risk factors for falls. (RH)

ISSN: 07149808

Vigorous physical activity and fall occurrence; by Chad Cook, Joann Shroyer.

Physical & Occupational Therapy in Geriatrics, vol 21, no 1, 2002, pp 1-20.

The purpose of this study was to examine whether vigorous physical activity - defined as sports, heavy housework, or a job that involves physical labour - is associated with falls, falls with a serious injury, broken hip, and fall frequency. The study uses the Health and Retirement Study (HRS) database survey developed by the University of

Michigan, to examine the relationship of key attribute variables associated with falls. The sample consisted of 11,226 older Americans aged 65 to 106. A Logit and Tobit regression analysis indicated that vigorous physical activity is negatively associated with falls and falls with a serious injury, broken hip, and fall frequency. Although the study does not differentiate between components of vigorous physical activity, it does indicate that those who participate in these activities are less likely to be associated with fall-related consequences. (KJ/RH)

ISSN: 02703181

From : Haworth Document Delivery Service, The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA. <http://www.HaworthPress.com>

2001

Adherence to a fall prevention program among community dwelling older adults; by C Lambert, K A Sterbenz, D E Womack (et al).

Physical & Occupational Therapy in Geriatrics, vol 18, no 3, 2001, pp 27-44.

The purpose of this study was to determine whether older adults participating in a fall prevention programme make recommended environmental and personal changes to reduce falls, and to identify factors affecting adherence to the programme. Thirty of 84 community-dwelling older people completed the programme which consisted of three sessions. Pre-survey results indicated the majority of participants were in the maintenance stage of change. Post-survey results indicated change from pre-contemplative and action stages to the maintenance stage. Knowing participants' stage of change can guide selection of more effective fall prevention programmes. Recommendations to design community-based fall prevention programme are presented. (KJ/RH)

ISSN: 02703181

From : Haworth Document Delivery Service, The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Associations of demographic, functional and behavioral characteristics with activity-related fear of falling among older adults transitioning to frailty; by Reto W Kressig, Steven L Wolf, Richard W Sattin (et al).

Journal of the American Geriatrics Society, vol 49, no 11, November 2001, pp 1456-1462.

17 male and 270 female Americans aged 70+ who had fallen in the previous year were assessed for activity-related fear of falling with the Falls Efficacy Scale (FES) and Activities-Specific Balance Confidence Scale (ABC) and depression as measured by the Center for Epidemiological Studies Depression Scale (CES-D). Functional measurements included 360 degree turn, functional reach test, 10 metre walk test, single limb stands, picking up an object, and three chair stands. Activity-related fear of falling was present in almost half of this sample of older people in the transition to frailty. The significant association of activity-related fear of falling with demographic, functional and behavioural characteristics emphasises the need for multidimensional intervention strategies for this population. (RH)

ISSN: 00028614

Choice stepping reaction time: a composite measure of falls risk in older people; by Stephen R Lord, Richard C Fitzpatrick.

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 56A, no 10, October 2001, pp M627-M632.

The neuropsychological, sensorimotor, speed and balance contributions to a new test of choice stepping reaction time (CSRT) were investigated, and determined whether this new test is an important predictor of falls in older people. 477 retirement village residents in Sydney, Australia aged 62 to 95 took the test, which required them to step into one of four panels that were illuminated in random order. Multiple regression analysis revealed that poor performance in Part B of the Trail Making Test (TMT, a neuropsychological test) and impaired quadriceps strength, simple reaction time, sway with eyes open on a complaint surface, and maximal balance range were the best predictors of increased CSRT. Those with a history of falls had a significantly increased CSRT compared with non-fallers. Impaired CSRT was a significant and independent predictor of falls, as were two complementary sensory measures (visual contrast sensitivity and lower limb proprioception). Of these measures, CSRT was the most important in predicting falls. The inclusion of CSRT in the model excluded measures of strength, central processing speed and balance, because these could not provide non-redundant information for the prediction of falls. (RH)

ISSN: 10795006

A community-dwelling sample of people with Parkinson's disease: characteristics of fallers and non-fallers; by Ann Ashburn, Emma Stack, Ruth M Pickering (et al).

Age and Ageing, vol 30, no 1, January 2001, pp 47-52.

63 people with Parkinson's disease were recruited through general practices, of whom 40 (64%) had fallen in the previous 12 months. Many factors associated with falling in the general population were associated with Parkinson's disease fallers (e.g. use of multiple medication and greater physical disability). Fallers were more likely to be depressed and anxious than non-fallers. Condition-specific factors associated with falling included greater disease severity, and more marked response to levodopa treatment, including more dyskinesia and on-off phenomena. Fallers took more steps to complete a test of mobility. They also had a shorter functional reach and greater postural sway while completing a dual task than non-fallers. The study confirms the high risk of falling with Parkinson's disease. (RH)

ISSN: 00020729

The contribution of foot problems to mobility impairment and falls in community dwelling older people; by Hylton B Menz, Stephen R Lord.

Journal of the American Geriatrics Society, vol 49, no 12, December 2001, pp 1651-1656.

Foot problems are common in older people and are associated with impaired balance and performance in functional tests. Furthermore, older people with a history of multiple falls have a greater foot impairment than non- or once-only fallers. This Australian study of 135 community-dwelling men and women aged 75-93 found that 87% of the sample had at least one foot problem. The findings also suggest that the cumulative effect of multiple foot problems is more important in increasing falls risk than the presence or absence of individual foot conditions. (RH)

ISSN: 00028614

Dao Yin Yang Sheng Gong : reducing the risk of falls: project run by Health Promotion for Older People Rehabilitation and Services for Older People; by Mary Dupoy, Tina Borfiga, Mike Richardson, Health Promotion for Older People Rehabilitation and Services for Older People, Jersey.

The Dao Yin Yang Sheng Gong (Dao Yin) initiative was set up in 1996 to provide safe, effective exercise for frail older people in Jersey, to improve their mobility and reduce their risk of falling. As a person's mobility becomes impaired, falling and fear of falling can have a radical effect on one's independence and quality of life. Dao Yin is one of the oldest forms of therapeutic exercises used in China (also known as Chi Kung) and was found by the tutor to be more easily adapted for older people's abilities than Tai Chi, which is a martial art. Dao Yin offered a new opportunity for people at risk, by providing an activity that counters the effects of instability and frailty, and which has shown to be effective. This report was prepared for entry to the Quality Awards 2001 scheme held in Jersey. (KJ/RH)

From : Downloaded document.

Epidemiology of falls; by Tahir Masud, Robert O Morris.

Age and Ageing, vol 30, supplement 4, November 2001, pp 3-7.

Falls in older people are a major public health concern in terms of morbidity, mortality and the cost to health and social services. This epidemiological review concentrates on: different ways of defining and classifying falls and fallers; the occurrence, including the prevalence, time and place of falls; the causes (risk factors) for falling; and the impact (consequences) of falls in the older population. (RH)

ISSN: 00020729

Evaluating the effectiveness of a home-based fall risk reduction program for rural community-dwelling older adults; by Shawna M Yates, Tim A Dunnagan.

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 56A, no 4, April 2001, pp M226-M230.

The scheme's objective was to provide health care workers and communities with a primary prevention tool that can be used to teach older people about fall-related risk, with the long-term aim of reducing the incidence of falling in older people living at home. Complete data were collected on 37 people aged 67 to 90 over the 10 week fall risk reduction programme. An intervention group received fall risk education, home based exercise programming, nutrition counselling, and environmental hazard education. Both groups completed a variety of physiological, psychometric, and environmental fall-related risk assessments before and after the intervention period. The intervention group showed significant improvement in balance, biceps endurance, lower extremity power, reduction of environmental hazards, falls efficacy, and nutritious food behaviour during the study period. (RH)

ISSN: 10795006

Exercise training for rehabilitation and secondary prevention of falls in geriatric patients with a history of injurious falls; by Klaus Hauer, Brenda Rost, Kirstin Rüsche (et al).

Journal of the American Geriatrics Society, vol 49, no 1, January 2001, pp 10-20.

The authors hypothesised that physical training covering strength, co-ordination, and functional performance would be safe and effective in the rehabilitation of geriatric patients with a history of injurious falls, and could lead to secondary prevention of falls. 57 German female geriatric patients aged 75 to 90 in a 12-week trial were assigned either to lower extremity strength and balance training, or to a motor placebo activity. Both groups received an identical physiotherapy treatment. Those in the intervention group increased strength, functional motor performance and balance significantly; and fall-related behavioural and emotional restrictions were reduced significantly. No changes could be documented in the control group. Fall incidence was reduced non-significantly by 25% in the intervention group compared with the control group. Progressive resistance and functional training are safe and effective methods of increasing strength and functional performance and reducing fall-related behavioural and emotional restrictions for those with a history of injurious falls. (RH)

ISSN: 00028614

Falls and postural stability; by Tahir Masud (ed).

Age and Ageing, vol 30, supplement 4, November 2001, 48 pp (whole issue).

This Age and Ageing supplement comprises review articles on some of the topics discussed at the first United Kingdom National Conference on Falls and Postural Stability held in September 2000. The epidemiology of falls is discussed, with emphasis on problems created by the differing definitions of falls and fallers. Other papers consider: fall preventative strategies; cardiovascular causes of falls; visual problems; the relationship between falls and fractures; the effects of physical activity and exercise on postural stability; and the importance of older people keeping themselves as physically fit as possible. (RH)

ISSN: 00020729

Falls in late life and their consequences: implementing effective services; by Cameron G Swift.

British Medical Journal, vol 322, no 7290, 7 April 2001, pp 855-857 (Care of older people).

Falls are often a sensitive signal of unidentified and unmet health risk and health care need for many older people. The basis for and implications of inclusion in the National Service Framework for older people of a defined service model for falls and their consequences is considered. The risk factors for fall and osteoporotic fractures, and the standards for early identification and preventive management for those at high risk are outlined. This is the last in a series of four articles on care of older people. (RH)

ISSN: 09598138

Falls in older people: is there a functional decline?; by Jeremy Marwick, Jamie Layland, Julian Mahadanaarachchi (et al).

Ageing & Health, no 7, 2001, pp 41-43.

Falls are common in older people, and can cause serious morbidity. This study examines whether older people who have fallen experience a functional decline, and evaluates the effect of other factors on their prognosis. Semi-structured interviews were conducted with 31 in-patients admitted because of falls to three hospitals in South Birmingham in March and April 1999; interviews were repeated after 4 weeks. The assessments included the Extended Activities of Daily Living Scale (EADL), life-space diameter, accommodation type, and walking aid provision. 23 subjects suffered a decline in function following a fall. Although not achieving formal statistical significance, fracture appeared to be particularly closely associated with functional decline. The study emphasises the importance of falls in increasing victims' dependence, and as a public health problem affecting social and health services, and the families of those concerned. (RH)

ISSN: 13649752

Falls risk among older adults in long-term care facilities: a focused literature review; by Joseph Basante, Elizabeth Bentz, Jayne Heck-Hackley (et al).

Physical & Occupational Therapy in Geriatrics, vol 19, no 2, 2001, pp 63-86.

Twenty-one research articles published between 1990 and 1999 were reviewed by random assignment by a research team. A matrix was developed to allow for easy identification of risk factors and study designs. It was found that the rate of falls among older adults residing in long term care facilities is substantially increased by the use of certain

medications, deconditioning, physical restraints, or any combination of these factors. (KJ/RH)

ISSN: 02703181

From : Haworth Document Delivery Service, The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Guideline for the prevention of falls in older persons; by American Geriatrics Society - AGS; British Geriatrics Society - BGS; American Academy of Orthopaedic Surgeons Panel on Falls Prevention.

Journal of the American Geriatrics Society, vol 49, no 5, May 2001, pp 664-672.

This guideline was developed and written under the auspices of the American Geriatrics Society (AGS) Panel on Falls in Older Persons and approved by the AGS Board of Directors on 5 April 2001. The guideline's aim is to assist health professionals in their assessment of fall risk, and in their management of older patients who are at risk of falling and those who have fallen. Recommendations are made on interventions to prevent falls. The guideline also identifies issues related to falls prevention that should be given high priority for future research and analysis. (RH)

ISSN: 00028614

Interdisciplinary practice in the prevention of falls: a review of working models of care; by Jacqueline C T Close.

Age and Ageing, vol 30, supplement 4, November 2001, pp 8-12.

One third of over 65s fall each year, rising to 50% of women aged 85+. Falls are also mentioned as a contributing factor in 40% of admissions to nursing homes. This article reviews studies on prevention which incorporate a medical component, exercise and balance, or a home/environmental assessment. It also provides a summary of randomised controlled trials (RCTs) in the prevention of falls in older people. (RH)

ISSN: 00020729

Older people and falls: a randomized controlled trial of a health visitor (HV) intervention; by Paul Kingston, Mary Jones, Frank Lally (et al).

Reviews in Clinical Gerontology, vol 11, no 3, August 2001, pp 209-214.

A number of approaches have been found to be effective in preventing falls, including exercise and the combination of geriatric medicine and occupational therapy (OT) interventions. This paper tests a hypothesis that use of a health visitor (HV) intervention within five days of attending an accident and emergency department (A&E) with a fall would improve the medium-term self-reported functional status of older women who had fallen. Patients were selected from women aged 65 to 79 attending North Staffordshire NHS Hospital Trust A&E who were subsequently discharged to home. Whilst most made a good recovery after their fall, the authors question how results of this study can be compared with other trials. (RH)

ISSN: 09592598

Practical implementation of an exercise-based falls prevention programme; by Melinda M Gardner, David M Buchner, M Clare Robertson (et al).

Age and Ageing, vol 30, no 1, January 2001, pp 77-84.

Muscle weakness and impaired balance are risk factors underlying many falls and fall injuries experienced by older people. Full prevention strategies have included exercise programmes that lower the risk of falling by improving strength and balance. The authors have developed an individually tailored, home-based, strength and balance retraining programme, which has proved successful in reducing falls and moderate fall injuries in people aged 80 and over. They describe a simple assessment of strength and balance, and how a falls prevention exercise programme is delivered. (RH)

ISSN: 00020729

Preventing falls in older people: impact of an intervention to reduce environmental hazards in the home; by Margaret Stevens, C D'Arcy J Holman, Nicole Bennett.

Journal of the American Geriatrics Society, vol 49, no 11, November 2001, pp 1442-1447.

Fall hazards are ubiquitous in the homes of older people. Registered nurses delivered this intervention to 570 community-based over 70s in Perth, Western Australia. The intervention consisted of a home hazard assessment, an educational strategy on general fall hazard reduction and ways to reduce identified home hazards, and the free installation of safety devices: grab rails, non-slip strips on steps, and double-sided tape for floor rugs and mats. All homes had at least one fall hazard. The intervention resulted in a small reduction in the mean number of hazards per house, with many study subjects taking action, but removing only a few hazards. The impact of the intervention in achieving self-reported action to reduce hazards was high. (RH)

ISSN: 00028614

Preventing falls in older people: outcome evaluation of a randomized controlled trial; by Margaret Stevens, C D'Arcy J Holman, Nicole Bennett (et al).

Journal of the American Geriatrics Society, vol 49, no 11, November 2001, pp 1448-1455.

As part of a community-based domestic safety study of 1,829 over 70s in Perth Western Australia, this article evaluates trial results over one year. 570 intervention subjects were offered a home hazard assessment, information on hazard reduction, and the installation of safety devices, whereas 1,167 controls did not. The intervention failed to achieve a reduction in the occurrence of falls. This was most likely because the strategies had a limited effect on the number of hazards in intervention subjects' homes. The study provides evidence that a one-time intervention programme of education, hazard assessment and home modifications to reduce fall hazards in the homes of healthy older people is not an effective strategy for the prevention of falls for older people in general. (RH)

ISSN: 00028614

The prevention and management of falls (NSF Standard 6): Falls 1 [workshop]: 13 November 2001 - Clinical issues; by Centre for Policy on Ageing - CPA; Gray's Inn Communications. London: Centre for Policy on Ageing - CPA, 2001, various (Framework into practice - making it happen).

To accompany the first in a series of five workshops on the prevention and management of falls, this dossier comprises speakers' materials on the clinical issues discussed: quality of care; developing a local falls service; integrated care; and effective discharge of patients into the community. (RH)

From : Centre for Policy on Ageing, 19-23 Ironmonger Row, London EC1V 3QP.

A prospective study of falls following hip fracture in community dwelling older adults; by Sonj E Hall, Janice A Williams, R Arthur Criddle.

Australasian Journal on Ageing, vol 20,2, June 2001, pp 73-78.

An Australian study of 60 women and 32 men (mean age 76) who had had hip fractures was designed to determine whether the rate of falls, subsequent injuries and use of health and social services was higher over one year than age- and gender-matched controls. Functional and quality of life measures were assessed as potential predictors of falls; and data on falls, trips and stumbles and their circumstances were collected by monthly telephone surveillance. The incident rate for both falls and events were similar for the two groups. The distribution of type of event differed: the fracture group experienced more falls and stumbles, the controls more trips. The fracture group had more significant injuries, including fractures, and was more likely to have sought medical attention. The Berg Balance Scale, Frenchay Activities of Daily Living and the physical function domain of the SF-36 were negatively predictive of falls. Hip fracture patients, living in the community 6-12 months later, are no more likely to fall than their age and gender counterparts. The fracture group was noted as being less active, indicating that they may have made lifestyle modifications, which may decrease their risk of falls. (RH)

ISSN: 07264240

Recovery of physical function after limb injuries in independent older people living at home; by Winnie Scaf-Klomp, Eric van Sonderen, Robbert Sanderman (et al).

Age and Ageing, vol 30, no 3, May 2001, pp 213-220.

Changes in physical functioning after fall-related injuries to the limbs in 171 Dutch independently living older people (aged 57+) have been examined as part of the Groningen Longitudinal Aging Study. One year after injury, older patients with fall-related injuries had not generally regained their pre-injury levels of physical functioning. Not only hip fractures, but also wrist fractures threaten chances of remaining independent. Prospects of further recovery are minimal 5 or 6 months after the injury. (RH)

ISSN: 00020729

Recurrent falls are associated with increased length of stay in elderly psychiatric inpatients; by Elaine Greene, Conal J Cunningham, Andrew Eustace (et al).

International Journal of Geriatric Psychiatry, vol 16, no 10, October 2001, pp 965-968.

A random sample of 150 Irish patients aged 65+ who had been discharged from a private psychiatric hospital over a 3-year period were selected for this case note study of factors affecting length of stay. Experiencing recurrent falls whilst an inpatient is associated with prolonged stay. Implementing procedures to reduce fall risk at ward level may in turn reduce length of stay. (RH)

ISSN: 08856230

Risk factors for falling in a psychogeriatric unit; by A John de Carle, Robert Kohn.
International Journal of Geriatric Psychiatry, vol 16, no 8, August 2001, pp 762-767.

Of 1834 men and women representing all admissions to a psychogeriatric in-patient unit in Providence, Rhode Island (RI) between 1992 and 1995, a total of 175 falls were recorded over the period, giving a fall rate of 9.5%. Using a logistic regression model, six variables were found to be independently associated with an increased risk of falling: female gender, electroconvulsive therapy (ECT), mood stabilizers, cardiac arrhythmias, Parkinson's syndrome, and dementias. Falls and ECT were associated with longer hospital stay, when adjusting for confounders including ECT. These findings support previous results and identify ECT as a possible risk factor for falling in a hospital setting. (RH)

ISSN: 08856230

Visual problems and falls; by Rowan H Harwood.
Age and Ageing, vol 30, supplement 4, November 2001, pp 13-18.

Visual impairment is a risk factor for falls, on average approximately doubling falls risk in a wide variety of studies. Falls risk increases as visual impairment worsens. This article reviews studies on the role of the balance system; and considers visual acuity, depth perception, contrast sensitivity and visual problems. Visual impairment is remediable for 70% or more of older people with relatively simple interventions such as correcting refractive errors and cataract surgery. However, no intervention has yet been proven to reduce falls risk in a randomised controlled trial (RCT). (RH)

ISSN: 00020729

What do older people know about safety on stairs?; by Roger A Haslam, Joanne Sloane, L Denise Hill (et al).
Ageing and Society, vol 21, part 6, November 2001, pp 759-776.

Findings are reported from three focus groups, involving 24 people, aged 65 to 79 years (20 women, 4 men), concerning their knowledge of safety on stairs. Findings indicate that older people use their stairs as and when necessary, but tend to avoid stair use when it becomes more difficult. The location of essential facilities in some homes (e.g. lavatory), may lead to increased use of stairs for some. Despite recognition of hazardous behaviour, participants reported that they continued to engage in activities which may increase risk of falling, e.g. leaving objects on stairs and using stairs in the dark. Cleaning stairs presents problems in some cases, due to difficulties with access or the need to use heavy and awkward equipment. Focus group participants recognised that medications and use of alcohol may increase the risk of falling, but it seems that people may not always appreciate when they are personally at increased risk. Most participants indicated they had given only limited thought to stair safety prior to the focus groups. Possibilities for prevention are reviewed, including modifications and equipment design, coupled with safety education, to raise awareness of risks and strategies for dealing with these. (KJ/RH)

ISSN: 0144686X

2000

Avoiding slips, trips and broken hips: step up to safety: containing: leaflets for older people, poster, new research on stairs, regional statistics research ...; by Department of Trade and Industry - DTI; National Assembly for Wales. London: Department of Trade and Industry, 2000, information pack (Our healthier nation).

Published as part of the "Our Healthier Nation" strategy, this resource pack focuses on falls on stairs, and includes the following pamphlets: Information for older people on how to use the stairs safely; Falls on stairs in the home involving older people: statistics; and How do older people use their stairs? Also included is Health Education Authority (HEA) Fact sheet 4, Promoting the health of older people: evaluating approaches and methods. (RH)

Price: FOC

From : DTI Publications Order Line, Admail 528, London SW1W 8YT. Tel 0870 1502 500. Email: dtipubs@echristian.co.uk Website: <http://www.preventinghomefalls.gov.uk>

Can the control of bodily orientation be significantly improved in a group of older adults with a history of falls?; by Debra J Rose, Sean Clark.

Journal of the American Geriatrics Society, vol 48, no 3, March 2000, pp 275-282.

Several research investigations have been conducted to determine whether age-associated deterioration in balance abilities can be reversed, or at least slowed. In this study, 45 older people (aged 72-85; 28 women and 13 men) with

a history of falls were assigned to a control (n=21) or intervention group (n=24). Impairments in multiple dimensions of balance were measured before and after an 8-week balance intervention using the 100% Limits of Stability Test (LOS) and Sensory Organisation Test (SOT). More functional limitations in balance and/or mobility were measured using two clinical tests, Berg Balance Scale (BBS) and Timed Up and Go test (TUG). Repeated measures of multivariate analysis and follow-up indicated significant improvements in the dynamic balance and sensory integration capabilities only in the intervention group. Significant improvements were also observed in the two clinical measures of balance and mobility evaluated before and after the intervention for the intervention group only. While the short-term benefits seem to be confirmed, the long-term benefits of this type of balance training also need to be determined. (RH)

ISSN: 00028614

A clinical measure of maximal and rapid stepping in older women; by Jodi L Medell, Neil B Alexander.

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 55A, no 8, August 2000, pp M429-M433.

In older people, clinical measures have been used to assess fall risk based on the ability to maintain stance or to complete a task. However, in an impending fall situation, a stepping response is often used when strategies to maintain stance are inadequate. The authors tested 32 women - 12 young (mean age 21), 12 unimpaired old (mean age 69) and 10 balance impaired (mean age 77) - for their ability to take a maximal step (Maximal Step Length or MSL), and in their ability to take rapid steps in three directions (front, side and back), termed the Rapid Step Test (RST). Substantial declines were found in the ability of both unimpaired and balance-impaired older women to step maximally and to step rapidly. The young women generally performed better and with fewer errors on both tests. Stepping performance is closely related to other measures of balance and fall risk and might be considered in future studies as a predictor of falls and fall-related injuries. (RH)

ISSN: 10795006

Commentary: older people's perspectives on life after hip fractures; by Shanthi N Ameratunga, Paul M Brown.

British Medical Journal, no 7231, 5 February 2000, p 346.

The authors comment on the findings of Salkeld et al's article, "Quality of life related to fear of falling and hip fracture in older women" in this issue of the British Medical Journal (BMJ). The article affirms the need for rehabilitation programmes to focus not only on enhancing patients' mobility and functional activities, but also to optimise the ability to live independently, and to participate in social and other aspects of community life. More particularly, older people need to be active participants in decision-making around priorities for the prevention and management of falls and hip fracture. (RH)

ISSN: 09598138

A critical point for the onset of falls in the elderly: a pilot study; by Sunday T Eke-Okoro.

Gerontology, vol 46, no 2, March-April 2000, pp 88-92.

There is a lack of consensus among gait analysts as to what gait parameters should be tracked to predict falls. The aim of this study was to utilise the interaction of gait parameters in the velocity field diagram (VFD) to explore causes of falls in older persons during walking. The VFD is a graph of numerical values of gait parameters versus speed numbers derived by serially numbering the five speeds of walking from very slow to very fast. Findings showed that the interaction pattern of the parameters of gait as shown in the VFD of older persons informs on their gait characteristics, and can identify those at risk of falls. (AKM)

ISSN: 0304324X

Effects of a group exercise program on strength, mobility, and falls among fall-prone elderly men; by Laurence Z Rubenstein, Karen R Josephson, Peggy R Trueblood (et al).

Journals of Gerontology Series A: Biological Sciences and Medical Sciences, vol 55A, no 6, June 2000, pp M317-M321.

While there is encouraging data that exercise can improve strength, gait, balance, and perhaps decrease falls among healthy non-impaired older people, those most at risk from falls have been excluded from most exercise studies. 59 men living in the community aged 70 and over with specific fall risk factors (e.g. leg weakness, impaired gait or balance, previous falls) were randomly assigned to a control group of 28, the remainder to a 12-week exercise programme. 90 minute exercise sessions three times a week focused on increasing strength and endurance, and improving mobility and balance. Exercisers showed significant improvement in measures of endurance and gait. Isokinetic endurance increased 21% for right knee flexion and 26% for extension. Exercisers had a 10% increase in

distance walked in 6 minutes, and improved scores on an observational gait scale. Isokinetic strength only improved for right knee flexion. Exercise achieved no significant effect on hip or ankle strength, balance, self-reported physical functioning or number of falls. Activity levels increased within the exercise group. Exercisers had a lower 3 month fall rate than non-exercisers (6 falls per 1000 hrs of activity vs 16.2/1000hrs). (RH)

ISSN: 10795006

Effects of a programme of multifactorial home visits on falls and mobility impairments in elderly people at risk: randomised controlled trial; by Jolanda C M van Haastregt, Jos P M Diederiks, Erik van Rossum (et al).

British Medical Journal, vol 321, no 7267, 21 October 2000, pp 994-998.

Six general practices in Hoensbroek, the Netherlands with 316 people aged 70 and over living in the community, with moderate impairments in mobility or a history of recent falls were involved in this randomised controlled trial. Five home visits were made to the patients over a period of one year by a community nurse. Visits consisted of screening for medical, environmental and behavioural factors causing falls and impairments in mobility, followed by specific advice, referrals and other actions aimed at dealing with the observed habits. No differences were found in falls and mobility outcomes between the intervention and usual care groups. Multifactorial home visits had no effects on falls and impairments in mobility in older people at risk who were living in the community. Because falls and impairments in mobility remain a serious problem among older people, alternative strategies should be developed and evaluated. (RH)

ISSN: 09598138

Falls among psychogeriatric patients; by Seth A Brown, Barry A Edelstein.

Clinical Gerontologist, vol 21, no 4, 2000, pp 3-18.

Fall risks factors for 144 hospitalised psychogeriatric residents (84 fallers and 60 non-fallers) were examined. A logistic regression analysis using 26 intrinsic predictor variables correctly classified 74% of fallers and non-fallers. Three significant fall predictor variables were cardiovascular disorder, psychotic disorder, and antipsychotic medication. An examination of 349 total and 84 representative falls revealed a larger percentage of falls taking place during the evening and in the bedroom, hallway, dining room, day room, outside, and bathroom. Most falls occurred while residents were walking or standing. (RH)

ISSN: 07317115

From : Haworth Document Delivery Service, Haworth Press, 10 Alice Street, Binghamton, NY 13904-1580, USA.

Falls in older people: risk factors and strategies for prevention; by Stephen R Lord, Catherine Sherrington, Hylton B Menz. Cambridge: Cambridge University Press, 2000, 249 pp.

In the past 20 years, there has been a great deal of international, specialised research activity focused on risk factors and prevention strategies for falls in older people. This book reviews material published in journal articles, to provide health workers with a detailed analysis of recent developments. The book is organised in three parts: risk factors, prevention strategies, and future research directions. Coverage includes: epidemiology; critical appraisal of the roles of exercise, environment, footwear, and medication; evidence-based risk assessment; and targeted and individually tailored falls prevention strategies. (RH)

ISBN: 0521589649

Price: £29.95 (\$49.95)

From : Cambridge University Press, The Edinburgh Building, Shaftesbury Road, Cambridge CB2 2RU.

Functional mobility discriminates nonfallers from one-time and frequent fallers; by Katherine B Gunter, Karen N White, Wilson C Hayes (et al).

Journals of Gerontology, Series A: Biological Sciences and Medical Sciences, vol 55A, no 11, November 2000, pp M672-M676.

Given that 90% of hip fractures result from a fall, individuals who fall frequently are more likely to be at greater risk of fracture than those who fall only once. The authors used the Get Up and Go and Tandem Gait tests to establish the possibility of distinguishing between frequent fallers, one-time fallers, and non-fallers. Get Up and Go is found to be very effective in both discriminating between fallers and non-fallers, and is associated with lower extremity strength and power. Prevention strategies should focus on improving both functional mobility and lower extremity strength and power. (RH)

ISSN: 10795006

Guidelines for the prevention of falls in people over 65; by Gene Feder, Colin Cryer, Sheila Donovan (et al).
British Medical Journal, vol 321, no 7267, 21 October 2000, pp 1007-1011.

The guidelines discussed are based on literature reviews updating previous systematic reviews. To test the acceptability of the guidelines to potential users and their feasibility in different care settings, the authors piloted them in two general practices, a residential home, and a general hospital. Changes were made to the presentation of the guidelines after the pilot. As prevention of falls is an active research area, it is recommended that the guidelines are revised by March 2001. Concerning the content of the guidelines, home assessment of older people at risk of falls without referral or direct intervention is not recommended. Assessment of high risk residents in nursing homes with relevant referral is effective. This article notes research is needed on hip protectors, validation of risk assessment, and evaluations trials of intervention programmes for falls. (RH)
ISSN: 09598138

Hip protectors improve falls self-efficacy; by Ian D Cameron, Bruce Stafford, Robert G Cumming (et al).
Age and Ageing, vol 29, no 1, January 2000, pp 57-62.

In this Australian study of older women living at home who had fallen in the previous year, 57% were afraid of further falls. The use of hip protectors improved falls self-efficacy (subjects' belief in their own ability to avoid falling). As users of hip protectors feel more confident that they can complete tasks safely, they may become more physically active and require less assistance with activities of daily living. (RH)
ISSN: 00020729

The impact of legislation on psychotropic drug use in nursing homes: a cross-national perspective; by Carmel M Hughes, Kate L Lapane, Vincent Mor (et al).

Journal of the American Geriatrics Society, vol 48, no 8, August 2000, pp 931-937.

Nursing home data from five countries with no psychotropic drug use legislation (Denmark, Iceland, Italy, Japan and Sweden) was compared with data from five US states. The occurrence of falls was evaluated similarly. Prevalence of antipsychotic and/or anti-anxiety hypnotic use varied substantially across countries. Nursing home residents in Denmark, Italy and Sweden were at least twice as likely to receive these drugs; in Iceland, the risk increased to greater than 6 times that of the US. Residents were less likely to fall in Italy, Iceland and Japan compared with the US, despite more extensive use of psychotropic medication, whereas residents in Sweden and Denmark were more likely to fall. Policy has an impact on the prescribing of psychotropic medication in US nursing homes compared with other countries, but it is unclear if this is translated into better outcomes for residents. (RH)
ISSN: 00028614

Incidence and types of preventable adverse events in elderly patients: population based review of medical records; by Eric J Thomas, Troyen A Brennan.

British Medical Journal, no 7237, 18 March 2000, pp 741-744.

An adverse event is defined as an injury caused by medical management (rather than the disease process) resulting in either prolonged hospital stay or disability at discharge. Medical records of some 15,000 patients in the US states of Utah and Colorado discharged from hospital in 1992 were reviewed for incidence of preventable adverse events. Patients aged 65 and over experienced more preventable adverse events than under 65s. Preventable adverse drug events, falls, and events related to medical procedure were more common in older patients, probably because of the clinical complexity of their care rather than age based discrimination. Such preventable adverse events should be targets of efforts to prevent errors. (RH)
ISSN: 09598138

The management of falls in older people: from research to practice; by Jed Rowe.

Reviews in Clinical Gerontology, vol 10, no 4, November 2000, pp 397-406.

Research into falls has gone through several distinct phases. Initially the problem was characterised and quantified, and the risk factors elucidated. In the 1990s, the first successful intervention studies appeared, and this article provides a brief review of the literature. (RH)
ISSN: 09592598

Prevalence of geriatric 'syndromes' in a tertiary hospital; by B Nair, I O'Dea, L Lim (et al).

Australasian Journal on Ageing, vol 19, no 2, May 2000, pp 81-84.

Older people are more likely to be admitted to hospital and to consume more health resources. Old age is associated with the "syndromes" of confusion, incontinence, immobility, falls and polypharmacy. Prevalence of these

syndromes in an Australian hospital setting are not available. An assessment of 100 patients aged 70+ and 50 doctors and nurses found a high prevalence of these syndromes. 29% had cognitive impairment, 54% had had falls, 37% had poor mobility, 40% had urinary incontinence, and 43% took five or more medications. Health professionals underestimated the prevalence of these conditions in an inpatient setting, stating that they did not routinely look for them. (RH)

ISSN: 07264240

Quality of life related to fear of falling and hip fracture in older women: a time trade off study; by G Salkeld, I D Cameron, R G Cumming (et al).

British Medical Journal, vol 320, no 7231, 5 February 2000, pp 341-346.

The time trade-off technique asks respondents their preferences between two alternatives: a longer but lower quality of life, or a shorter time in full health. 194 women aged 75 and over in Sydney, Australia who refused to take part in a trial of external hip protectors instead completed a quality of life interview. Of those surveyed, 80% would rather be dead than experience loss of independence and quality of life resulting from a bad hip fracture and subsequent admission to a nursing home. Among older women who have exceeded average life expectancy, quality of life is profoundly threatened by falls and hip fractures. Older women place a very high marginal value on their health; and any loss of ability to live independently in the community has a considerable detrimental effect on their quality of life. (RH)

ISSN: 09598138

A randomized controlled trial of fall prevention strategies in old peoples' homes; by Marion E T McMurdo, Angela M Miller, Fergus Daly.

Gerontology, vol 46, no 2, March-April 2000, pp 83-87.

Falls are a major cause of morbidity in older age. A small number of fall prevention trials in cognitively intact community-dwelling older people have been effective. This study set out to examine the preventability of falls in 133 older people living in residential care homes. Residents were divided into two groups, one of which received a 6-month falls risk factor assessment/modification and seated balance exercise programme, and one which received 6 months of reminiscence therapy. The risk factors targeted were postural hypotension, polypharmacy, visual acuity, and ambient lighting levels. Findings showed that the prevalence of all risk factors were reduced in the intervention group. There was no difference between the groups in the number of falls sustained, the risk of falling, or in the risk of recurrent falling. No significant differences were found with regard to change in other outcome measures. (AKM)

ISSN: 0304324X

Sleep problems as a risk factor for falls in a sample of community dwelling adults aged 64-99 years; by Glenn S Brassington, Abby C King, Donald L Bliwise.

Journal of the American Geriatrics Society, vol 48, no 10, October 2000, pp 1234-1240.

Of the 971 women and 335 men aged 64-99 in this California study to determine whether sleep problems are associated with falling, 284 (19%; 20% of the women and 14% of the men) reported falling in the previous 12 months. A number of risk factors for falls were identified, but nighttime sleep problem variables remained significant risk factors. Behavioural research focusing on the effectiveness on insomnia treatment in old age should not only examine typical sleep-related outcomes (e.g. total time asleep, number of awakenings) but also the occurrence of falls. (RH)

ISSN: 00028614

A sustainable programme to prevent falls and near falls in community dwelling older people: results of a randomised trial; by Margaret Steinberg, Colleen Cartwright, Nancye Peel (et al).

Journal of Epidemiology & Community Health, vol 54, 2000, pp 227-232.

National Seniors clubs provide a forum for active, community-dwelling Australians aged 50 and over to participate in policy, personnel development and recreation. 252 members of the National Seniors Association in the Brisbane district participated, and were randomly assigned to one of four interventions. Prevention strategies included education and awareness raising of falls risk factors, exercise sessions to improve strength and balance, home safety advice to modify environmental hazards, and medical assessment to optimise health. The first intervention group receiving the information session only was regarded as the control. The occurrence of slips, trips or falls were monitored prospectively using a daily calendar diary. Compared with the control, the other groups had significantly reduced risks of falls and trips. The study demonstrates that effective, sustainable, low cost programmes can be introduced through community-based organisations to reduce the incidence of slips, trips and falls in well, older

people. (RH)
ISSN: 0143005X

Walsall Falls Prevention and Management Programme; by Mary Thomas, Barnabas Panayiotou.
Ageing & Health, no 6, 2000, pp 14-16.

The risk of falls increases with age, and falls are the major cause of death from injury among older people. Walsall has taken a lead in involving both local and statutory agencies in accident prevention initiatives. A teaching and resource pack, "Falls: a positive approach", developed for use by Dartmouth House Rehabilitation Unit in Walsall has served as a model for other health authorities. This article outlines the development of further training materials by Walsall Health Authority. (RH)
ISSN: 13649752

What is the prevalence of environmental hazards in the homes of dementia sufferers and are they associated with falls; by K Lowery, H Buri, C Ballard.

International Journal of Geriatric Psychiatry, vol 15, no 10, October 2000, pp 883-886.

The frequency of environmental hazards in the home and care environments of patients with dementia and their association with falls was assessed in 65 dementia patients from Tyneside, using carer diaries and a safety assessment carried out by an occupational therapist using a home hazard checklist. Hazards were found in 20 (95%) of patients' own homes and 31 (74%) of residential or nursing home environments (care environments). Patients' homes had a mean of 5.4 hazards, compared to a mean of 1.8 hazards in care environments, with two or more hazards in 90% of patients' homes and 52% of care environments. Common hazards included low chairs, an absence of grab rails (toilet area), toilets too low, and a missing second bannister on the stairs. There was no significant association between the number of hazards and the number of falls, although 13 (10%) of falls could be attributed to a specific hazard. Rigorous assessment of the patients' environment revealed multiple rectifiable risks that were contributory to a significant minority of falls. (RH)

ISSN: 08856230

1999

An analysis of falls in the hospital: can we do without bedrails?; by H C Hanger, M C Ball, L A Wood.

Journal of the American Geriatrics Society, vol 47, no 5, May 1999, pp 529-531.

Falls and injuries from falls are common in older patients in institutions, and there is only limited evidence to support interventions that reduce the rate of falls and injuries. The authors undertook an education programme at their hospital in Christchurch, New Zealand, introducing a policy aimed at reducing the use of bedrails, and a "before" and "after" study was undertaken. They hypothesised that bedrails are not effective at preventing falls, and may themselves cause significant injuries. Data was collected for all patients admitted to any one of five assessment, treatment, and rehabilitation wards during 1994. There was a significant reduction in the number of beds with bedrails attached after the policy introduction, but the fall rate (either total or around the bed) did not change significantly. Serious injuries were significantly less common after the bedrail policy was introduced, with fewer head injuries. Although reducing the use of bedrails did not alter patient fall rates significantly, it was associated with a reduction in serious injuries. Unless it can be shown that bedrails are beneficial, their continued use in older patients must be brought into question. (RH)

ISSN: 00028614

Balance and falls with elders: application of clinical reasoning; by Helene Lohman, Diane Givens.

Physical & Occupational Therapy in Geriatrics, vol 16, nos 1/2, 1999, pp 17-32.

Physical and occupational therapists working with older people will commonly encounter those who have a history of falls or the potential for falls. Therapists need strong clinical reasoning skills to work effectively with these older people, due to the complexity of balance problems. This paper reviews concepts concerning balance or falls in the context of a clinical reasoning process. Use of clinical reasoning for balance assessments and treatment is considered. (RH)

ISSN: 02703181

From : Haworth Document Delivery Service, Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Beyond mortality and hospitalization data: self-reported injuries among Canadian seniors; by Parminder Raina,

Micheline Wong, Steven Dukeshire (et al).
Canadian Journal on Aging, vol 18, no 3, Fall 1999, pp 328-347.

Unintentional injuries are one of the major causes of death and ill health among older adults in Canada. This study describes the prevalence and characteristics of self-reported unintentional injuries among Canadians aged 55 years and older. Based on the cross-sectional data from the 1994 National Population Health Survey (NPHS), approximately 10 per cent of older adults experienced unintentional injuries serious enough to limit their normal daily activities. Consistent with hospitalisation and mortality data, unintentional falls and motor vehicle crashes were reported as the major causes of injury. However, the other predominant causes of unintentional injuries were environmental incidents and being struck by an object. The most common types of injuries were sprains/strains and broken/fractured bones; the greatest number of injuries was to the lower limbs; and the majority of injuries occurred in the home and surrounding area. The study concluded that unintentional injuries represent a significant health threat among older adults, and that self-reported data serve as a complementary source of information. (AKM)
ISSN: 07149808

A cross-cultural comparison of neuromuscular performance, functional status, and falls between Japanese and white women; by James W Davis, Michael C Nevitt, Richard D Wasnich (et al).
The Journals of Gerontology Series A: Biological sciences and Medical Sciences, vol 54A, no 6, June 1999, pp M288-292.

Previous studies have reported that the incidence of falls among Japanese women is about half of that of white women. The difference in incidence may result from differences in neuromuscular performance, such as muscle strength, mobility and balance. This hypothesis was tested by comparing two populations: Japanese women in the Hawaii Osteoporosis Study (HOS), and Caucasian women in the Study of Osteoporotic Fractures (SOF). Neuromuscular performance was assessed for women in the two groups using standardised procedures. Falls were monitored longitudinally by postal surveys every 4 months. The Japanese and white women differed substantially in their neuromuscular performance. The Japanese women had faster walking speeds and chair stands, and performed better on a series of balance tests. White women had greater strength, particularly at the quadriceps, and faster hand and foot reaction times. They also reported fewer functional disabilities, including fewer difficulties in climbing steps, doing heavy housework and grocery shopping. The Japanese and white women had different advantages and limitations in neuromuscular performance. However, these differences did not explain the lower risk of falls among Japanese women. (RH)
ISSN: 10795006

Effects of age on balance assessment using voluntary and involuntary step tasks; by Carl W Luchies, Dennis Wallace, Ryan Pazdur (et al).
The Journals of Gerontology Series A: Biological sciences and Medical Sciences, vol 54A, no 3, March 1999, pp M140-144.

Taking a step while standing and modifying a step while walking are strategies often used to maintain balance when balance disturbances are encountered in activities of daily living (ADLs). This US study investigated whether performance on an involuntary step task (assumed to be a surrogate for fall recovery abilities) was comparable to performance of a voluntary step task. Performance of voluntary and involuntary steps tasks was measured in healthy young adult (mean age 21) and healthy older (mean age 68) women. Subjects stepped as fast as possible in the direction of a minimally destabilising lateral waist pull (voluntary step task), or responded naturally to a large destabilising lateral waist pull (involuntary step task). In the voluntary step task, older adults required significantly more time to lift their foot (young, 307 msec; older 424 msec). In the involuntary step task, older women were as quick as the young in lifting their foot (young, 322 msec; older, 335 msec). The young lifted their foot at about the same time for the two tasks. The study found that a voluntary step task underestimates the ability of healthy older adults to respond quickly when large destabilising balance disturbances are encountered. (RH)
ISSN: 10795006

Elderly fallers: a baseline audit of admissions to a day hospital for elderly people; by Anne McIntyre.
British Journal of Occupational Therapy, vol 62, no 6, June 1999, pp 244-248.

Falls in older people are a major problem for health and social services, because of the incidence of injury and the fear of falling as a disabling consequence. It seemed that many admissions to a South Buckinghamshire day hospital for older people were as a result of falls. A retrospective and concurrent caseload audit was carried out of medical and occupational therapy notes, the aim being to establish the incidence of falls among the day hospital population, with a view to improving the quality of the service. 56 of 196 people admitted over the 12-month period had fallen

at least once. Of these, 73% had no apparent predisposing factor for their fall, and 39% were not carrying out any obvious activity at the time. 59% had an increase in social support due to decreased confidence and mobility after the fall. A multidisciplinary team approach was reinforced, and the management of patients' problems on an individual basis was to be continued. The adoption of the audit data collection form as a checklist to facilitate future assessment was recommended. (RH)

ISSN: 03080226

A falls intervention database: describing and evaluating falls prevention programs nationally; by Belinda Gilseman, Keith D Hill, Ngaire Kerse.

Australasian Journal on Ageing, vol 18, no 4, November 1999, pp 167-173.

Falls affect one in three people over the age of 65 at least once every year. They can result in death, fracture, other major and minor injuries and a loss of confidence in mobility. One of the responses to this public health concern has been a proliferation of falls prevention programmes. This article describes a comprehensive national (Australian) database of community based falls prevention programmes, which aims to facilitate the exchange of information concerning falls interventions. Falls prevention programmes have been identified and critically appraised by an interdisciplinary team using evaluation guidelines based on published findings and reviewed by a reference group. It is envisaged that the Falls Intervention Database will be a valuable resource for those planning and developing future falls prevention programmes. (AKM)

ISSN: 07264240

Falls prevention over 2 years: a randomized controlled trial in women 80 years and older; by A John Campbell, M Clare Robertson, Melinda M Gardner (et al).

Age and Ageing, vol 28, no 6, October 1999, pp 513-530.

Falls and injuries can be reduced by an individually tailored exercise programme in the home, as was the authors' aim in assessing the effectiveness of the programme developed by general practices in Dunedin, New Zealand. After 1 year of this programme of strength and balance retraining exercises, women completing the trial from both exercise (71, or 69%) and control (81, or 74%) groups agreed to continue for a further year. After 2 years, the rate of falls remained significantly lower in the exercise group than in the control group. Those complying with the exercise programme at 2 years had a higher level of physical capacity at baseline, were more likely to have reported falling in the year before the study, and had remained more confident in the first year about not falling compared with the rest of the exercise group. (RH)

ISSN: 00020729

Falls self-efficacy and occupational adaptation among elders; by E Peterson, J Howland, G Kielhofner (et al).

Physical & Occupational Therapy in Geriatrics, vol 16, nos 1/2, 1999, pp 1-16.

This study examines a specific, yet widespread phenomenon of older life, the fear of falling. To understand the dynamics and consequences more clearly, and to relate it to other aspects of ageing, the authors have conceptualised the fear of falling within the Model of Human Occupation. According to this model, four main factors influence older people's adaptation: motivation, life roles and habits, capacities, and environmental contexts. 270 randomly selected residents aged 62 and over living in the community were interviewed in their homes to collect information on demographics, fall history, fall risk factors, fear of falling, and measures of adaptation. The response rate was 63%. 55% of respondents expressed fear of falling during the next year. Falls self-efficacy related to falling independently contributed to 5 out of 6 measures of occupational adaptation. Results suggest that falls self-efficacy significantly influences occupational adaptation among older people living in the community, independent of the actual risk and history of falls. Although further verification is needed, results of this study suggest use of interventions designed to increase falls self-efficacy for fallers and non-fallers. (RH)

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Mortality trends of elderly people in Taiwan from 1974 to 1994; by Kai-Kuen Leung, Li-Yu Tang, Wei-Chu Chie (et al).

Age and Ageing, vol 28, no 2, March 1999, pp 199-203.

The hypothesis that disability and death will eventually be compressed to a period late in life was examined, by comparing life expectancy, causes of death, and probability of death for people at birth, at age 65, and at age 85 for both sexes from 1974 to 1994 using data from Taiwan government statistics. In the past 20 years, there has been a

substantial gain in life expectancy, especially for men aged 85 and over. Mortality due to stroke, ischaemic heart disease, hypertension and chronic pulmonary disease has declined. There has been a steep increase in cancer deaths and deaths associated with diabetes mellitus. Tuberculosis and injury-related deaths have declined, but pneumonia deaths have increased. For older people, the probability of dying from cancer and ischaemic heart disease has increased with time. However, the probability of dying from stroke has decreased. Although there was a decrease in probability of deaths associated with falls, there was an increase of deaths due to "frailty" (as judged by falls, pneumonia and septicemia). This implies that the expanding older population in Taiwan has been suffering from poorer health in the later stages of life. (RH)

ISSN: 00020729

The nature of falling among community dwelling seniors; by Elaine M Gallagher, Mike Hunter, Victoria J Scott. Canadian Journal on Aging, vol 18, no 3, Fall 1999, pp 348-362.

This paper analyses data on falls from a 1995 random survey of 1,285 older people living in the Capital Regional District of British Columbia. In the preceding six months, 16.5% reported falling at least once. The overall rate for women was 18.6% compared with 13.3% for men. The study also examined relationships between falling and an array of demographic, health, psychological and psychosocial variables. The likelihood of falling increased directly with age and chronic illness, as well as indirectly with age, socioeconomic status, and gender via chronic illness. In turn, falling was directly related to increased dependence, and through it indirectly related to health satisfaction, mental health and a measure of life satisfaction. (AKM)

ISSN: 07149808

Preventing falls and fall-related injuries among older people; by Robyn Norton.

Australasian Journal on Ageing, vol 18, no 4, November 1999, pp 160-166.

Deaths and disability from falls are important contributors to the global burden of disease and injury. Consequently, there is a need to identify and implement strategies that have been shown to be effective in preventing falls and falls-related injuries. This paper looks at how to identify effective interventions for the prevention of falls and fall-related injuries, and gives an overview of known effective or promising interventions. Known effective interventions include risk assessment and targeted multifactorial interventions, physical activity and, possibly, reductions in psychotropic medication as well as the use of hip protective underwear, vitamin D and calcium, and alendronate. The paper concludes that further progress will be made if large-scale randomised controlled trials are conducted, that can both confirm the effectiveness of these interventions and examine other interventions suggested from observational studies. (AKM)

ISSN: 07264240

Preventing osteoporosis, falls and fractures among elderly people: promotion of lifelong physical activity is essential; by Pekka Kannus.

British Medical Journal, vol 318, no 7178, 23 January 1999, pp 205-6.

Although the effect of exercise in preventing falls and fractures in older people has not yet been proved, epidemiological studies consistently show that both past and current physical activity does protect against hip fracture. This short article puts the case for exercise: not only does it improve bone strength, it can also improve gait, balance, co-ordination, reaction time, and muscle strength - even in the frail and very old. Overall, the evidence strongly suggests that regular physical activity, especially if started in childhood and adolescence, is the only cheap, safe, readily available, and largely acceptable way of both improving bone strength and reducing the propensity to fall. (RH)

ISSN: 09598138

The prognosis of falls in elderly people living at home; by Ian P Donald, Christopher J Bulpitt.

Age and Ageing, vol 28, no 2, March 1999, pp 121-125.

In an observational longitudinal study of disability in 1815 subjects aged 75 and over living in Gloucestershire, the authors identified fallers and non-fallers during routine health check interviews in primary care. The prevalence of fallers, the mortality and morbidity in fallers and non-fallers, falling in later years, and admission to residential and nursing care is reported. Risk of death was increased at 1 year and 3 years for recurrent fallers, but not single fallers. Risk of admission to long-term care over 1 year was markedly increased both for single fallers and recurrent fallers. Functional decline was not related to faller status, the latter being very variable from one year to the next. The stronger relationship between falling and admission to long-term care rather than mortality supports the hypothesis that the perceived risks for those who fall only once are exaggerated. (RH)

ISSN: 00020729

Restraint reduction reduces serious injuries among nursing home residents; by Richard R Neufeld, Leslie S Libow, William J Foley (et al).

Journal of the American Geriatrics Society, vol 47, no 10, October 1999, pp 1202-1207.

The relationship between serious injuries and restraint use in nursing homes has not been widely studied in the United States. This 2-year prospective study examined how removing physical restraints affected injuries in nursing home settings, following an educational intervention for nursing home staff. Results showed that serious injuries declined significantly among the residents restrained initially when restraint orders were discontinued. During the educational intervention period, physical restraint use among residents decreased by 90%. The study concluded that although minor injuries and falls increased, restraint-free care is safe when a comprehensive assessment is carried out and restraint alternatives are used. (AKM)

ISSN: 00028614

Risk factors associated with falls in the elderly rehabilitation client; by J Barr, P Brown, G Perry.

Australasian Journal on Ageing, vol 18, no 1, February 1999, pp 27-31.

Falls are the main cause of death due to injury in older people. This study examined the risk factors associated with falls in an elderly rehabilitation group. The study involved retrospective analysis of incident reports/medical files over four years of 87 clients who had fallen in the rehabilitation unit under study. A comparison group was chosen of 87 randomly selected older clients who did not fall during their rehabilitation programme. Factors involved were analysed using a logistic regression equation to develop a model of those at risk of falling. The factors that were associated with falls in the subjects included confusion, primary diagnosis of stroke, lower limb amputation and sleep disturbances. (AKM)

ISSN: 07264240

Risk factors for falls and for serious injuries on falling among older Japanese women in Hawaii; by James W Davis, Philip D Ross, Michael C Nevitt (et al).

Journal of the American Geriatrics Society, vol 47, no 7, July 1999, pp 792-798.

705 older Japanese women from the Hawaii Osteoporosis Study were included in this study evaluating if similar constellations of factors underlie risks of falls and injuries on falling for Japanese women as for predominantly white populations. In multivariable models, four subject characteristics were associated with having a fall: having a fall in the past year, slow chair stands, a short height, and difficulties with five or more activities of daily living (ADLs). Two characteristics were negatively associated with having a fall: ability to perform a full tandem balance with eyes closed, and having a long functional reach. Long times for chair stands were positively associated with having a serious injury among women who had a fall. Among the same women, taking part in an activity they did frequently and slow foot reaction times were associated negatively with serious injury. The results for this Japanese cohort support the conclusion that women at high risk of falling and serious fall injuries can be identified using a questionnaire and simple, performance-based tests of neuromuscular function. Risk factors from falling overlapped, but were distinct from those for suffering a serious injury once a fall had occurred. (RH)

ISSN: 00028614

The sex and age of older adults influence the outcome of induced trips; by Michael J Pavol, Tammy M owings, Kevin T Foley (et al).

The Journals of Gerontology Series A: Biological Sciences and Medical Sciences, vol 54A, no 2, February 1999, pp M103-M108.

Falls are a significant source of morbidity and mortality in older people, with up to 55% of these falls due to tripping. If falls are to be prevented, there is a need to identify factors that determine whether a trip is recoverable, and those factors that increase an older person's risk of falling. Trips were induced in 79 healthy, community-dwelling, safety-harnessed older Americans (50 of them women), using a concealed, mechanical obstacle. Most of the trip outcomes (39) were classified as recoveries, 10 as falls, 12 as rope assists, and 10 as misses. Women fell four times as frequently as men; and women under 70s fell more than three times as frequently as those older. Trip outcomes in men were essentially unaffected by age. The foot obstructed to induce the trip did not affect the trip outcome. The presence of the safety harness had almost no effect on gait. The length of stride preceding a trip did not differ from normal. (RH)

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