

Centre for Policy on Ageing
Information Service

Selected Readings

Falls and Older People

July 2018

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2018

Age-dependent physiological changes, medicines and sex-influenced types of falls; by Snezana Kusljic, Sachin Perera, Elizabeth Manias.: Taylor and Francis, May-June 2018, pp 221-231.

Experimental Aging Research, vol 44, no 3, May-June 2018, pp 221-231.

There is a lack of research investigating the impact of health status, gender, polypharmacy and ageing on different types of falls. Examples include: unspecified falls on the same level; mechanical falls on the same level relating to slipping, tripping or loosing balance; falls from a chair or vehicle; falls as a result of syncope; falls from steps or stairs; and falls from a height. The authors investigated various parameters relating to falls, including age-dependent physiological changes, regular medicine use and different types of falls experienced. The study included a random sample of 250 older patients, which comprised 10% of the total number of patients (n = 2,492), admitted to an Australian large-scale academic hospital following a fall. Patients' medicine and illness history, types of falls, and liver, renal and sensory function were collected. Univariate analysis was used to examine associations between the type of fall and explanatory variables, followed by multinomial logistic regression analysis. There was a significant association between the type of fall and gender, $p = 0.01$, and between the type of fall and regular medicine use, $p = 0.002$. The multinomial logistic regression analysis revealed that the full model, which considered all explanatory variables together, was statistically significant, $p < 0.001$. The strongest predictor of all types of falls except fall from a height, was female sex, followed by regular medicine use. Based on these findings, the medicine prescribing practice in this older population must be carefully reviewed. (RH)

ISSN: 0361073X

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

Fall risk assessment tools for use among older adults in long-term care settings: a systematic review of the literature; by Susan Nunan, Christine Brown Wilson, Timothy Henwood, Deborah Parker.: Wiley, March 2018, pp 23-33.

Australasian Journal on Ageing, vol 37, no 1, March 2018, pp 23-33.

The aim of this study was to conduct a systematic review of published fall risk assessment tools (FRATs) tested for predictive validity among older adults in long-term care (LTC). A literature search was conducted using five databases. Only studies reporting on sensitivity and specificity values, conducted in LTC on populations primarily aged over 60 years, were considered. 15 papers were included and three different categories of FRATs emerged: multifactorial assessment tools, functional mobility assessments and algorithms. Several FRATs showed moderate-to-good predictive validity and reliability, with the Modified Fall Assessment Tool and the Peninsula Health Falls Risk Assessment Tool (PHFRAT) also demonstrating good feasibility. Evidence for the best choice of FRAT for use in LTC remains limited. Further research is warranted for the PHFRAT, recommended for use in LTC by best practice guidelines, before its establishment as the tool of choice for these clinical settings. (JL)

ISSN: 14406381

From : <http://wileyonlinelibrary.com/journal/ajag>

Feasibility of compliant flooring in long-term care: results from a stakeholder symposium; by Chantelle C Lachance, Dawn C Mackey.: Cambridge University Press, March 2018, pp 84-94.

Canadian Journal on Aging, vol 37, no 1, March 2018, pp 84-94.

Compliant flooring aims to prevent fall-related injuries among older people at risk in long-term care, but uptake of compliant flooring in this setting is limited. This study reports on a one-day stakeholder symposium to identify advantages and disadvantages of implementing compliant flooring in long-term care and the most pressing directions for future research from the perspective of key stakeholders. 23 stakeholders representing health care, industry and research attended the symposium. Attendees believed that the most important advantages of compliant flooring were reducing injuries in residents who had fallen, potential benefits to care staff and potential increases in quality of life for residents. Attendees perceived the most significant disadvantages of compliant flooring were financial considerations, lack of research evidence and challenges with installation. Attendees indicated a need for additional research on cost-effectiveness and clinical effectiveness. While stakeholders perceived compliant flooring to add value to long-term care, there were found to be significant informational and financial barriers to uptake. (JL)

ISSN: 07149808

From : <http://www.cambridge.org/cjg>

Serious psychological distress, sex, and falls among the elderly; by Thanh V Tran, Phu T Phan.: Taylor and Francis, January-February 2018, pp 75-84.

Journal of Women and Aging, vol 30, no 1, January-February 2018, pp 75-84.

Serious psychological distress and falls are two major public health problems for older people. This study tests the hypothesis that, although serious psychological distress can increase the risks of falls in older people, it tends to affect older women more than older men. The study uses data from the 2011 California Health Survey Interviews (CHIS). The authors extracted a sample of 13,153 respondents aged 65+ (8,087 females and 5,066 males). They tested both unadjusted and adjusted interaction effects using bivariate and multivariate logistic regression analysis. Older women with serious psychological distress had the greatest likelihood of falls, as compared to men with serious psychological distress and men and women without serious psychological distress. With respect to the covariates, limitations of physical activity and poor self-rated health status, Asian race, and older age were more likely to be associated with falls. This study provides further information on gender disparities in falling among older people, such that serious psychological distress has a greater impact on falls for older women than older men. Thus, the authors' findings suggest that mental health services and interventions can be useful in preventing falls for older women. (RH)

ISSN: 08952841

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

2017

Does pride really come before a fall?: Longitudinal analysis of older English adults; by D McMinn, S J Fergusson, M Daly.

BMJ 2017;359:j5451, 20 November 2017, 6 pp.

The fifth wave of the English Longitudinal Study of Ageing (ELSA, 2010/11) measured levels of pride in the self-completion questionnaire with this question: "During the past 30 days, to what degree did you feel proud?" The authors tested whether high levels of reported pride are associated with subsequent falls, using data for the 4964 participants available for follow-up at wave 7 of ELSA (2014/15). Their findings did not support the contention that "pride comes before a fall". Unadjusted estimates indicate that the odds of reported falls were significantly lower for people with high pride levels, compared with those who had low pride (odds ratio 0.69, 95% confidence interval 0.58 to 0.81, $P < 0.001$). This association remained after adjusting for age, sex, household wealth, and history of falls (odds ratio 0.81, 0.68 to 0.97, $P < 0.05$). It was partially attenuated after further adjustment for mobility problems, eyesight problems, the presence of a limiting long-term illness, a diagnosis of arthritis or osteoporosis, medication use, cognitive function, and pain and depression (odds ratio 0.86, 0.72 to 1.03, $P < 0.1$). Because the confidence interval exceeded 1 in the final model, it remains possible that pride may not be an independent predictor of falls when known risk factors are considered. People with moderate pride did not have lower odds of having fallen than those with low pride in adjusted models. Participants lost to follow-up did not differ from those retained in terms of key variables, and weighting the analyses to account for selective attrition did not produce different results. People with higher levels of pride seem to be at lower risk of falling, so that these findings suggest that pride may actually be a protective factor against falling in older adults, rather than an antecedent. (RH)

From : <http://www.bmj.com/content/bmj/359/bmj.j5451.full.pdf>

The effect of dance therapy on the balance of women over 60 years of age: the influence of dance therapy for the elderly; by Katarzyna Filar-Mierzwa, Malgorzata Dlugosz, Anna Marchewka (et al.): Taylor and Francis, 2017, pp 348-355.

Journal of Women and Aging, vol 29, no 4, 2017, pp 348-355.

Dance therapy is a physical activity that can lead to balance improvement in older adults. This study aimed to evaluate the effects of dance therapy on balance and risk of falls in older women. Twenty-four older Polish women (mean age 66.4 years) attended dance sessions for three months. Pre-test and post-tests were completed using the Postural Stability Test, the Limits of Stability Test, and the Fall Risk Test M-CTSIB. Results showed the Limits of Stability Test was significantly higher (17.5%) after dance classes. Regular use of dance therapy shows promise in improving balance, by increasing the limits of stability. (RH)

ISSN: 08952841

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

Environmental and behavioral circumstances and consequences of falls in a senior living development; by Daejin Kim, Sherry Ahrentzen.: Taylor and Francis, July-September 2017, pp 286-301.

Journal of Housing for the Elderly, vol 31, no 3, July-September 2017, pp 286-301.

This article investigated the role of environmental and behavioural factors surrounding fall incidents in a senior living community in Florida offering three types of residential settings: independent living, assisted living, and

memory support living. Using a mixed-methods approach, this research included both a retrospective analysis of fall reports and interviews with residents. The quantitative analysis showed falls in the bedroom and bathroom were more likely to happen between 12 am and 8 am. Falls in the bathroom were more likely to result in severe injuries compared to falls in other rooms. The qualitative analysis identified three types of fall-related activity (transfer, ambulation, standing), and five behavioural factors surrounding fall incidents (transferring, slipping, misjudged behaviour, tripping, health issues). (RH)

ISSN: 02763893

From : <http://tandf.com>

Evaluation of rewind yoga on physical function outcomes in older adults: a preliminary study; by Andrew I Miller, Cheryl Der Ananian, Carrie Hensley, Heidi Ungar.: Taylor and Francis, 2017, pp 291-300.

Activities, Adaptation and Aging, vol 41, no 4, 2017, pp 291-300.

Yoga is growing in popularity and has the potential to improve strength, flexibility, mobility, and balance in older adults. However, few yoga courses tailored to the unique needs of older adults exist. Rewind Yoga was created to address this gap, and a pilot study was conducted to evaluate the effectiveness of Rewind Yoga on physical function parameters. Healthy, older adults (n = 16, age 65+) residing in a retirement community in Arizona enrolled in a study examining the effect of Rewind Yoga on strength, flexibility, dynamic balance and endurance as measured by the Senior Fitness Test. A single group design (n = 14) with three repeated measures (baseline, 6 weeks, and 12 weeks) was used. Results from repeated measures analysis of variance indicated significant ($P < 0.05$) improvements in all measures of the Senior Fitness Test at 6 and 12 weeks. Rewind Yoga appears to improve flexibility, strength, dynamic balance and muscular endurance in older adults. (RH)

ISSN: 01924788

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

Falls prevention: access and acceptability to all?; by Jill Manthorpe, Jo Moriarty.: Emerald, 2017, pp 72-81.

Working with Older People, vol 21, no 2, 2017, pp 72-81.

The equalities dimension of falls prevention services are examined in light of the Equality Act 2010 and its protected characteristics. Research and policy are discussed in light of the Act and of public services' duties to be aware of their responsibilities. This is an update of the authors' 'Diversity in older people and access to services: an evidence review' undertaken for Age UK in 2012. It finds that the research on falls prevention services does not always collect data on service users, and services do not always collect data about their users that would enable them to build a picture of their users in line with the Equality Act 2010. Services and commissioners need to be able to demonstrate that the services funded by the public purse are accessible, acceptable and appropriate to the UK's increasingly diverse older population. This paper describes some of the existing resources and research papers that contain elements of attention to the protected characteristics of the Equality Act 2010. (RH)

ISSN: 13663666

From : www.emeraldinsight.com/loi/wwop

The growing challenge of major trauma in older people: the role for Comprehensive Geriatric Assessment?; by James Michael Fisher, Charlotte Bates, Jay Banerjee.: Oxford University Press, September 2017, pp 709-712.

Age and Ageing, vol 46, no 5, September 2017, pp 709-712.

This short commentary describes the impact that an ageing population is having on the nature of major trauma seen in emergency departments. The proportion of major trauma victims who are older people is rapidly increasing and a fall from standing is now the most common mechanism of injury in major trauma. Potential barriers to effective care of this patient group are highlighted, including: a lack of consensus regarding triage criteria; potentially misleading physiological parameters within triage criteria; non-linear patient presentations and diagnostic nihilism. It is argued that the complex ongoing care and rehabilitation needs of older patients with major trauma may be best met through Comprehensive Geriatric Assessment (CGA). Furthermore, the use of frailty screening tools may facilitate more informed early decision-making in relation to treatment interventions in older trauma victims. The authors call for geriatric medicine and emergency medicine departments to collaborate. They highlight that equipping urgent care staff with the basic competencies necessary to initiate CGA should be a priority, and geriatricians have a key role to play in delivery of such educational interventions. (JL)

ISSN: 00020729

From : <https://academic.oup.com/ageing>

How older adults would like falls prevention information delivered: fresh insights from a World Café forum; by Linda Khong, Caroline Bulsara, Keith D Hill, Annemarie Hill.: Cambridge University Press, July 2017, pp 1179-1196.

Ageing and Society, vol 37, no 6, July 2017, pp 1179-1196.

Translation of falls prevention evidence into practice is problematic. Understanding older adults' views about falls prevention information could enhance delivery of falls prevention, resulting in better engagement and uptake of recommended activities. This Australian study examines the views and preferences of community-dwelling older adults about seeking and receiving falls prevention information. A community forum using a modified World Café approach was conducted. Participants discussed five topic areas in small groups, under the guidance of table facilitators. Perspectives were captured on paper. Thematic analysis was conducted to identify factors that influence participants' engagement and uptake of information. Seventy-three older adults participated in the forum covering wide-ranging preferences around falls prevention information. Personal experience was considered the key influence on an older adult's decision to initiate seeking information. While health professionals were often approached, alternative sources such as public libraries, peer educators and seniors' organisations were also favoured as credible sources of information. Older adults proposed falls prevention information should be delivered with a positive tone, coupled with highly valued qualities of respect, empathy and time to listen to foster motivation to engage in recommended activities. Consumer-focused practical strategies were proposed to potentially improve future design, communication and dissemination of falls prevention information. This improvement could enhance engagement of messages and subsequent uptake of falls prevention recommended strategies. (RH)

ISSN: 0144686X

From : cambridge.org/aso

Life satisfaction among home-dwelling older people who have experienced falls and have declined subjective health; by Edit Fonad, Britt Ebbeskog.: Taylor and Francis, January-March 2017, pp 57-73.

Journal of Housing for the Elderly, vol 31, no 1, January-March 2017, pp 57-73.

This study investigated the reported life situations of home-dwelling Swedish older people who have experienced falls and have declining subjective health. A mixed method design was used, consisting of a quantitative study comprising questionnaires completed by 434 home-dwelling older people, and a qualitative study comprising 30 interviews. The findings showed that declining physical function combined with limited health status was associated with falling. Despite limited physical condition, participants experienced well-being and life satisfaction in daily living. Insight obtained from these findings deepens our understanding of fallers, and may provide a basis for future research leading to improvements within health care. (RH)

ISSN: 02763893

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

Literature review and meta-analysis of risk factors for delayed post-traumatic stress disorder in older adults after a fall; by Frederic Bloch.: Wiley Blackwell, February 2017, pp 136-140.

International Journal of Geriatric Psychiatry, vol 32, no 2, February 2017, pp 136-140.

The present study aimed to test the hypothesis that post-traumatic stress disorder (PTSD) can appear after a fall. It then tried to identify predictive factors for its development in older fallers. The study performed a systematic literature review and meta-analyses of studies on PTSD post fall in older subjects. 177 indexed articles were identified, of which three had complete data on PTSD post-fall in older subjects. Only the odds ratio of the association between history of fall and occurrence of PTSD was significant. The trend in the results, even though limited, revealed two groups of subjects: frail subjects that are at risk of developing PTSD and subjects who seem to be resistant to its development. A clear description of these two groups may help identify the population at risk for delayed PTSD who could then benefit from dedicated treatment. (JL)

ISSN: 08856230

From : www.orangejournal.org

Measurement of fall prevention awareness and behaviours among older adults at home; by Katherine Russell, Darcie Taing, Jacqueline Roy.: Cambridge University Press, December 2017, pp 522-535.

Canadian Journal on Aging, vol 36, no 4, December 2017, pp 522-535.

This study looked at awareness of and adherence to six national fall prevention recommendations among 1,050 community-dwelling older adults in Ottawa, Canada. Although 76% of respondents agreed that falling was a concern and preventable, fewer perceived susceptibility to falling (63%). Respondents had high awareness that home modifications and physical activity can prevent falls. Reported modifications included grab bars (50%), night lights (44%) and raised toilet seats (19%). Half met aerobic activity recommendations; 38% met strength recommendations. Respondents had lower awareness that an annual medication review, annual eye and physical examination and daily vitamin D supplementation could reduce fall risk. However reported annual medication

review (79%) and eye examination (75%) was high. Nearly half met recommendations for vitamin D intake. These findings suggest a gap in knowledge of awareness and adherence to national recommendations, highlighting the ones that may require attention from those who work to prevent falls. (JL)

ISSN: 07149808

From : <http://www.cambridge.org/cjg>

Men's perspectives on fall risk and fall prevention following participation in a group-based programme conducted at Men's Sheds, Australia; by Jeannine L M Liddle ... (et al.): Wiley, May 2017, pp 1118-1126.

Health and Social Care in the Community, vol 25, no 3, May 2017, pp 1118-1126.

Research on older men's views regarding fall prevention is limited. The purpose of this qualitative study was to explore the experiences and perspectives of older men regarding fall risk and prevention so that fall prevention programmes could better engage older men. Eleven men who had taken part in a group-based fall prevention programme called Stepping On conducted at Men's Sheds in Sydney, Australia, participated in semi-structured interviews during June and July 2015 which were audio-recorded and transcribed. Data were coded and analysed using constant comparative methods. Over-arching theoretical categories were developed into a conceptual framework linking programme context and content with effects of programme participation on men. Men's Sheds facilitated participation in the programme by being inclusive, male-friendly places, where Stepping On was programmed into regular activities and was conducted in an enjoyable, supportive atmosphere. Programme content challenged participants to think differently about themselves and their personal fall risk, and provided practical options to address fall risk. Two major themes were identified: adjusting the mindset where men adopted a more cautious mindset paying greater attention to potential fall risks, being careful, concentrating and slowing down; and changing the ways where men acted purposefully on environmental hazards at home and incorporated fall prevention exercises into their routine schedules. Practitioners can engage and support older men to address falls by better understanding men's perspectives on personal fall risk and motivations for action. (JL)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

Prevention of falls, malnutrition and pressure ulcers among older persons: nursing staff's experiences of a structured preventive care process; by Christina Lannering, Marie Ernsth Bravell, Linda Johansson.: Wiley, May 2017, pp 1011-1020.

Health and Social Care in the Community, vol 25, no 3, May 2017, pp 1011-1020.

A structured and systematic care process for preventive work, aimed to reduce falls, pressure ulcers and malnutrition among older people, has been developed in Sweden. The process involves risk assessment, team-based interventions and evaluation of results. Since development, this structured work process has become web-based and has been implemented in a national quality registry called 'Senior Alert' and used countrywide. The aim of this study was to describe nursing staff's experience of preventive work by using the structured preventive care process as outlined by Senior Alert. Eight focus group interviews were conducted during 2015 including staff from nursing homes and home-based nursing care in three municipalities. The interview material was subjected to qualitative content analysis. In this study, both positive and negative opinions were expressed about the process. The systematic and structured work flow seemed to only partly facilitate care providers to improve care quality by making better clinical assessments, performing team-based planned interventions and learning from results. Participants described lack of reliability in the assessments and varying opinions about the structure. Furthermore organisational structures limited the preventive work. (JL)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

2016

Acceptance of seniors towards automatic in home fall detection devices; by Florian Feldwieser, Michael Marchollek, Markus Meis ... (et al.): Emerald, 2016, pp 178-186.

Journal of Assistive Technologies, vol 10, no 4, 2016, pp 178-186.

Falls are one of the highest-cost factors of healthcare within the older population. Various approaches for automatic fall detection exist. However little is known about older people's acceptance of these systems. The purpose of this paper was to investigate the acceptance of automatic fall detection devices as well as the technological commitment and the health status in community-dwelling adults with a predefined risk of falling. Older people with a risk of falling were equipped with either an accelerometer or an accelerometer with an additional visual and optical fall detection system in a sub-group of the study population for a period of eight weeks. Pre- and post-study questionnaires were used to assess attitudes and acceptance towards the technology. In total, 14 subjects with a mean age of 75.1 years completed the study. Acceptance toward all sensors was high

and subjects were confident in their ability to handle technology. Medical assessments showed only very mild physical and no mental impairments. Measures that assured subjects' privacy protection were welcomed. Sensor technology was as unobtrusive as possible. Privacy protection and uncomplicated use of the fall detection equipment led to high acceptance by older people with high-technical commitment and good health status. Issues to further improve acceptance could be identified. Future research on different populations is necessary. (JL)

ISSN: 17549450

From : www.emeraldgroupublishing.com/jat.htm

Activity, balance, learning, and exposure (ABLE): a new intervention for fear of falling; by Julie Loebach Wetherell, Kristen Johnson, Douglas Chang ... (et al.): Wiley Blackwell, July 2016, pp 791-798.

International Journal of Geriatric Psychiatry, vol 31, no 7, July 2016, pp 791-798.

Fear of falling is an important problem among older adults, even those with relatively low rates of objective fall risk who are often overlooked as targets for intervention. In this study the authors developed and pilot tested a new intervention known as Activity, Balance, Learning, and Exposure (ABLE) in a sample of 10 older adults with excessive fear of falling. The ABLE intervention integrated exposure therapy and cognitive restructuring with a home safety evaluation and an exercise programme and was conducted in the home. In this pilot project ABLE was jointly conducted by a physical therapist and a psychologist with expertise in geriatric anxiety disorders. The intervention was feasible and acceptable and resulted in decreases in fear and activity avoidance for most participants. One participant experienced an injurious fall. A number of important lessons were learned resulting in modifications to the inclusion criteria, assessments and intervention over the course of this pilot study. Results suggest that ABLE has promise for treating excessive fear of falling in older adults and support testing the intervention in a larger randomised trial. (JL)

ISSN: 08856230

From : www.orangejournal.org

Are older adults receiving evidence-based advice to prevent falls post-discharge from hospital?; by Den-Ching A Lee, Ted Brown, Rene Stolwyk ... (et al.): Sage, June 2016, pp 448-463.

Health Education Journal, vol 75, no 4, June 2016, pp 448-463.

Older adults experience a high rate of falls when they transition to community living following discharge from hospital. The objective of this study was to describe the proportion of older adults who could recall having discussed falls and falls prevention strategies with a health professional within six months following discharge from hospital. A secondary objective was to describe the recalled content of those discussions and the strategies recommended and/or undertaken to prevent falls. Study participants were a prospective cohort study of 155 older adults surveyed prior to discharge from hospital, of whom 123 were followed up at month 3 and/or month 6 in the community post-discharge. Participants were recruited from three Australian hospitals. Questionnaires captured predictive factors that may predispose to a fall and data related to the objectives being examined. Of the 123 participants who had at least one follow-up, 54 reported discussing falls with a health professional (49 discussed falls with their general practitioners). Of the 54 participants who recalled having a discussion, 33 commented that they were asked whether they had fallen over. Only six discussed interventions to prevent falls. However 44 stated that they attempted a total of 53 strategies to prevent falls post-discharge. Of these strategies, 40 had an absence of evidence of effectiveness, 11 had evidence of effectiveness, while two had either evidence of no benefit/harm or evidence of harm for the prevention of falls. In all, 53 participants reported falling post-discharge but 42% of them did not recall discussing falls with their health professional. There is considerable scope for health professionals, especially general practitioners, to increase the frequency with which they discuss falls and evidence-based interventions to prevent falls in this population. (JL)

ISSN: 00178969

From : hej.sagepub.com

The challenge of nutritional support in hospital wards; by Joanne Brooke.: Hawker, March-April 2016, pp 28-29.

Journal of Dementia Care, vol 24, no 2, March-April 2016, pp 28-29.

Eating and drinking problems among patients with dementia are often overlooked in hospitals. The author provides two perspectives highlighting this issue. The first is professional, as a qualified nurse and specialist in dementia care, and the second is personal as a carer, whose mother had Alzheimer's disease (AD) and was admitted to hospital after a fall. (RH)

ISSN: 13518372

From : www.careinfo.org

Health-related quality of life in relation to mobility and fall risk in 85-year-old people: a population study of Sweden; by Eva Tornvall, Jan Marcusson, Ewa Wressle.: Cambridge University Press, October 2016, pp 1982-1997.

Ageing and Society, vol 36, no 9, October 2016, pp 1982-1997.

Optimal mobility is fundamental for healthy ageing and quality of life. This study is part of a cross-sectional population-based study of 85-year-old people residing in Linköping municipality, Sweden. The purpose was to describe 85-year-old peoples' health-related quality of life (HRQoL) in relation to mobility and fall risk, while adjusting for gender and body mass index (BMI). Data collection included a postal questionnaire, a home visit and a reception visit. HRQoL was assessed with EQ-5D-3L, mobility with the Timed Up and Go test (TUG) and fall risk with the Downton Fall Risk Index (DFRI). All those who completed the DFRI, TUG and EQ-5D-3L were included in the present study (N = 327). Lower HRQoL was associated with longer time taken to complete TUG and higher fall risk in both genders but not with body mass index. Women had higher risk of falling, took a longer time to complete TUG, and reported less physical activity compared with men. Health-care professionals should address mobility capacity and fall risk in order to maintain older people's quality of life. This is of utmost importance, especially for older women, because impaired mobility, high risk of falling and occurrence of pain are common among women, and related to lower HRQoL. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

Quality of Austrian and Dutch falls-prevention information: a comparative descriptive study; by Daniela Schoberer, Donja M Mijnaerends, Monica Fliedner ... (et al.): Sage, March 2016, pp 220-234.

Health Education Journal, vol 75, no 2, March 2016, pp 220-234.

The aim of this study was to evaluate and compare the quality of written patient information material available in Austrian and Dutch hospitals and nursing homes pertaining to falls prevention. Written patient information material was independently evaluated by two assessors using the 36-item Ensuring Quality Information for Patients (EQIP) scale with regard to content, structure and identification data. EQIP global scores were calculated and country- and institution-specific (hospitals and nursing homes) differences were analysed. The written patient information material available in Dutch hospitals had a significantly higher EQIP mean score than that in Austrian hospitals. The difference in EQIP global score between the countries was not significant for the written patient information material in nursing homes. Sub-scale analyses indicated that Dutch institutions reached significantly higher mean values in the global scores for content and structure than Austrian ones. Although Dutch written patient information material pertaining to falls prevention was of higher quality than that in Austria, both countries suffered from shortcomings, especially with regard to content and identification data. Authors of written patient information material face a great challenge in taking consumer involvement and evidence-based criteria into account. (JL)

ISSN: 00178969

From : hej.sagepub.com

Seniors' narratives of asking (and not asking) for help after a fall: implications for identity; by Patricia A Miller, Christina Sinding, Lauren E Griffiths (et al.): Cambridge University Press, February 2016, pp 240-258.

Ageing and Society, vol 36, no 2, February 2016, pp 240-258.

Falls among older people living in the community constitute a major public health concern, because of the potential morbidity and mortality associated with the fall. This study examined the informal care networks accessed by Canadian seniors who had visited the Emergency Department as a result of a fall, and considered the implications of the processes of asking for and receiving help on the older person's identity. Four themes were identified. The first was valuing independence. The remaining three themes concerned threats to the participants' identities linked to the need to ask for or receive help from family and friends. They were: becoming indebted, feeling devalued, and becoming a burden to others. Seniors were noted to excuse family members from the expectation of helping because of work and family commitments, and illness. Participants described a mutually beneficial relationship with friends, wherein both parties valued their independence and provided assistance to the other when needed. Their comments suggested that assistance was viewed as a good to be traded among peers. The authors' findings indicate that older people value their independence and may not seek help even when it appears to be available, if asking threatens valued identities. Health and social care practitioners and policy makers responsible for planning and delivery of services should take this into account, in order to ensure the best possible care for injured older people living in the community. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

Yoga-based exercise improves balance and mobility in people aged 60 and over: a systematic review and meta-analysis; by Sabrina Youkhana, Catherine M Dean, Moa Wolff ... (et al): Oxford University Press, January 2016, pp 21-29.

Age and Ageing, vol 45, no 1, January 2016, pp 21-29.

One-third of community-dwelling older adults fall annually. Exercise that challenges balance is proven to prevent falls. In this study the authors conducted a systematic review with meta-analysis to determine the impact of yoga-based exercise on balance and physical mobility in people aged 60 years and above. Searches for relevant trials were conducted on a range of electronic databases from inception to February 2015. Trials were included if they evaluated the effect of physical yoga (excluding meditation and breathing exercises alone) on balance in people aged 60 years and above. The study extracted data on balance and the secondary outcome of physical mobility. Standardised mean differences and 95% confidence intervals (CI) were calculated using random-effects models. Methodological quality of trials was assessed using the 10-point Physiotherapy Evidence Database (PEDro) Scale. Six trials of relatively high methodological quality, totalling 307 participants, were identified and had data that could be included in a meta-analysis. Overall, yoga interventions had a small effect on balance performance and a medium effect on physical mobility. These findings showed that yoga interventions resulted in small improvements in balance and medium improvements in physical mobility in people aged 60 years and above. Further research is required to determine whether yoga-related improvements in balance and mobility translate to prevention of falls in older people. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

2015

Associations between falls and general health, nutrition, dental health and medication use in Swedish home-dwelling people aged 75 years and over; by Edit Fonad, Tarja-Brita Robins Wahlin, Ann-Marie Rydholm-Hedman.: Wiley Blackwell, November 2015, pp 594-604.

Health and Social Care in the Community, vol 23, no 6, November 2015, pp 594-604.

The vast majority of older people in Sweden live in private homes in their communities for as long as possible. Poor health and a high risk of falls are very common among this group. This cross-sectional study investigates the association between falls and general health, appetite, dental health, and the use of multiple medications among home-dwelling men and women aged 75 years and over. Data were collected between October 2008 and March 2009 using a postal questionnaire. A total of 1243 people participated in the questionnaire survey (74% response rate), of which 1193 were included in the analysis. The majority of participants were women (n = 738, 62%). Falls in the previous 12-month period were reported by 434 (36%) participants. Most fallers (n = 276, 64%) were women. The majority of the fallers lived in a flat (n = 250, 58%). Poor health (aOR: 1.61; CI: 1.34-1.95), poor dental health (aOR: 1.22; CI: 1.07-1.39), and the use of four or more types of medication daily (aOR: 1.13; CI: 1.03-1.25) were significantly associated with falls in all participants. Poor dental health was found irrespective of whether living in a flat (aOR: 1.23; CI: 1.04-1.46) or living in a house (aOR: 1.28; CI: 1.02-1.61), and both were significantly associated with falls. The use of more than four different types of medication daily (aOR: 1.25; CI: 1.11-1.41) was associated with falls for those living in a flat. The results highlight that falls are associated with poor general health, poor dental health and the use of four or more types of medication daily. Health professionals should provide health promotion education, and investigate dental health and risk factors for oral disease. Likewise, medical and clinical practices of physicians and community care nurses should include assessing the risk of falling, and treatment that predisposes falls. (RH)

ISSN: 09660410

From : wileyonlinelibrary.com/journals/hsc

How do general practitioners engage with allied health practitioners to prevent falls in older people?: An exploratory qualitative study; by Alasdair Grant, Lynette Mackenzie, Lindy Clemson.: Wiley, September 2015, pp 149-154.

Australasian Journal on Ageing, vol 34, no 3, September 2015, pp 149-154.

The present study aimed to explore general practitioners' (GPs) perceptions about their use of Chronic Disease Management (CDM) items to access allied health interventions, in particular occupational therapy and physiotherapy, with the purpose of preventing falls, as well as to identify GP support needs with regard to development of partnerships with local allied health practitioners. A qualitative study was conducted in the Sydney metropolitan area through individual semistructured interviews with eight GPs, which were recorded, transcribed and analysed thematically. Themes included (i) difficulties and opportunities associated with multidisciplinary care; (ii) potential for CDM items to be used to support falls prevention strategies; and (iii) the user-friendliness of the CDM items. Effective coordination of multidisciplinary care between GPs and allied health professionals was desired but difficult to achieve through the CDM system, making translation of falls

prevention evidence into clinical practice challenging. Further education on falls prevention and CDM item modification is needed to bridge this gap. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

Learning to use a novel CBT intervention to reduce fear of falling in older people; by Charlotte Dunkel.: British Psychological Society, April 2015, pp 42-46.

Faculty of the Psychology of Older People (FPOP) Newsletter, no 130, April 2015, pp 42-46.

The STRIDE (Strategies to incRease confidence, inDePendence and Energy) research project at Newcastle-upon-Tyne Hospitals NHS Foundation Trust is looking at measures that will help the half of the community-living older people who experience anxiety and fear of falling (FoF). The author describes the study's development of an eight-week cognitive behavioural therapy (CBT) based intervention, and its training for, delivery by and supervision of health care assistants (HCAs) and clinical trials associates (CTAs). (RH)

ISSN: 13603671

From : www.bps.org.uk

The meaning of the experience of anticipating falling; by James A Shaw, Denise M Connelly, Carol L McWilliam.: Cambridge University Press, October 2015, pp 1839-1863.

Ageing and Society, vol 35, no 9, October 2015, pp 1839-1863.

Falling in later life continues to be a critical issue in gerontology research, health professional practice and ageing health policy. However, much research in the area of fall risk and fall prevention neglects the meaning of the experiences of older people themselves. This humanistic interpretive phenomenological study explored the meaning of the experience of anticipating falling from the perspective of older people, in order to foster a more person-focused approach to fall risk assessment and fall prevention. Individual semi-structured interviews were conducted with nine participants over the age of 65 living independently in the community in a medium-sized Canadian city. Follow-up interviews with two key informants were completed to inform the emerging interpretations. For older participants living in the community, the experience of anticipating falling meant confronting their embodied lived-identity in the context of ageing. Experiential learning shaped how participants understood the meaning of falling, which constituted tacit knowledge of vulnerability and anxiety with respect to falling. Findings emphasise the importance of critically reflecting on the social experience of anticipating falling in order to develop effective and relevant fall prevention interventions, programmes and policies. A lifeworld-led approach to fall risk assessment and fall prevention resonates with these findings, and may encourage health-care providers to adopt a sustained focus on embodied lived identity and quality of life when engaging older people in fall prevention activities. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

People are getting lost a little bit: systemic factors that contribute to falls in community-dwelling octogenarians; by Dorothy Gotzmeister, Aleksandra A Zecevic, Lisa Klilnger, Alan Salmoni.: Cambridge University Press, September 2015, pp 397-410.

Canadian Journal on Aging, vol 34, no 3, September 2015, pp 397-410.

Octogenarians living in the community are the fastest-growing demographic group in Canada. Simultaneously, they have the highest prevalence of falls, and are at nine times greater risk of injury due to a fall. A systems approach is essential to our understanding on how to improve the safety of octogenarians' ageing in place. Understanding how societal factors interact and affect the older adult can help care custodians to identify and remove safety defects that bring about falls. This study aimed to identify system-wide factors that contribute to falls in community-dwelling octogenarians. Eight falls were investigated using the systemic falls investigative method. Participants ranged in age from 83-90 years. Across-case analyses identified 247 contributing factors, grouped within four distinct themes: (a) everyday living has become risky; (b) supervision limitations; (c) health care system disconnects; and (d) poor fall risk identification and follow-up. This qualitative study provides systemic insights into how and why falls occur in community-dwelling octogenarians. (RH)

ISSN: 07149808

From : journals.cambridge.org/cjg

2014

Biomechanical and sensory constraints of step and stair negotiation in old age; by Costis Maganaris, Vasilios Baltzopoulos, New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2014, 8 pp (NDA Findings 31).

Most of older people's falls occur during stair descent. Several functional parameters, including muscle strength, joint mobility and our sense of balance, may be involved, all of which deteriorate with age. This research aimed to understand the role of musculo-skeletal and sensory functions and their deterioration with ageing in stepping performance, and to find ways of improving older people's ability to descend stairs. (RH)

From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU. www.newdynamics.group.shef.ac.uk

The cost of falls: exploring the cost of the whole system pathway for older people in a rural community in England; by Yang Tian, James Thompson, David Buck.: Emerald, 2014, pp 165-173.

Journal of Integrated Care, vol 22, no 4, 2014, pp 165-173.

The purpose of this paper was to explore the whole system cost of the care pathway for older people (aged 65 years old and over) admitted to hospitals as a result of falls in Torbay, a community of 131,000 in the southwest of England, over a two-year period. The paper analysed patient-level linked acute hospital, community care and local authority-funded social care data to track patients' care costs _ for those patients admitted to an acute hospital due to their fall _ in the 12 months before and after their fall. On average, the cost of hospital, community and social care services for each person admitted for a fall were almost four times more in the 12 months after admission than the cost of the admission itself. Over the 12 months that followed admission for falls, costs were 70 per cent higher than in the 12 months before the fall. The most dramatic increase was in community health care costs (160 per cent), compared to a 37 per cent increase in social care costs and a 35 per cent increase in acute hospital care costs. For patients who had a minor fall and those who survived 12 months after the fall, the costs of care home services increased significantly; for patients with hip fracture, the costs of community care services increased significantly; for patients who did not survive 12 months after the fall, the cost of acute inpatient and community health visits increased significantly. This is the first study that has assessed the costs across the acute hospital, community care and social care pathway for this group of patients in an English population. It will help commissioners and providers understand and develop better integrated responses to frail older patients' needs. (JL)

ISSN: 14769018

From : www.emeraldinsight.com/jica.htm

An expanded framework to determine physical activity and falls risks among diverse older adults; by Maria Kosma.: Sage, January 2014, pp 95-114.

Research on Aging, vol 36, no 1, January 2014, pp 95-114.

Falling is a major health-related risk among older people, due to injuries, disability, and even death. Although physical activity (PA) can prevent falls, most older adults are inactive due to limited motivation. This study examined a motivational framework, whereby the stages of change (SOC) and PA mediated the relations between the theory of planned behaviour constructs and falls risks among 172 diverse older adults (M age = 72.36). The participants were assessed using standardized scales. Based on the path analysis, the hypothesized framework fit the sample data. The SOC and perceived control had significant path coefficients for PA (.48 and .43, respectively), and PA was linked to falls risks (-.54). Subjective norm was mostly associated with the SOC followed by attitude and perceived control. The variance explained in the SOC, PA, and falls risks were 28%, 59%, and 29%, respectively. Health promoters can use the proposed framework to promote PA and decrease falls risk. (RH)

ISSN: 01640275

From : roa.sagepub.com

Falls prevention education for older adults during and after hospitalization: a systematic review and meta-analysis; by Den-Ching A Lee, Elizabeth Pritchard, Fiona McDermott, Terry P Haines.: Sage, September 2014, pp 530-544.

Health Education Journal, vol 73, no 6, September 2014, pp 530-544.

The effectiveness of patient education in reducing falls, promoting behavioural change and the uptake of prevention activities in older adults during and after hospitalisation is assessed in this systematic review and meta-analysis. A systematic search of five health science databases was performed up to November 2012. Studies that investigated patient education as a single intervention or in a multifactorial falls prevention programme in the hospital and/or post-discharge community settings, were eligible for inclusion. Standard meta-analysis methods were used to assess the effectiveness of patient education compared to usual care. Tests for

heterogeneity, subgroup meta-analyses and a priori subgroup meta-analyses were performed for primary outcomes, where appropriate. Primary outcomes were incidence of falls, falls-related injury and healthcare use due to falls. Secondary outcomes were mechanisms of behavioural change in falls prevention. Qualitative data were analysed by narrative review. Falls prevention programmes that contained patient education were effective in reducing fall rates amongst hospital inpatients and post-discharge populations (risk ratio [RR] 0.77, 95% confidence interval [CI] 0.69 to 0.87), and in reducing the proportion of patients who became fallers in hospital (RR 0.78, 95% CI 0.7 to 0.87). Patient education generally increased knowledge about falls and awareness of prevention strategies. The uptake of strategies may be dependent on the activities being targeted. Falls prevention education should be recommended for older adults while in hospital and following discharge. Falls education programmes should consider the use of intensive face-to-face patient education with multimedia materials in preference to provision of written information alone or brief amounts of interpersonal contact. (RH)

ISSN: 00178969

[From : hej.sagepub.com](http://hej.sagepub.com)

Use of personal call alarms among community-dwelling older people; by Samuel R Nyman, Christina R Victor.: Cambridge University Press, January 2014, pp 67-89.

Ageing and Society, vol 34, no 1, January 2014, pp 67-89.

Having a fall and then lying on the floor for an hour or more is known as a 'long lie', which is associated with serious injury and an elevated risk of admission to hospital, long-term care and death. Personal call alarms are designed to prevent long lies, although little is known about their use. Using cross-sectional data from the English Longitudinal Study on Ageing (ELSA), this study investigated the proportion of self-reported users of personal call alarms among 3,091 community-dwelling adults aged 65+ who reported difficulties of mobility or activities of daily living. The characteristics of users were then explored through logistic regressions comparing those living alone with those living with others. 180 people (6%) self-reported using a personal call alarm. Multivariate regression found the following to significantly predict personal call alarm use among both those living alone and with others: greater difficulty with activities of daily living (ADLs) or instrumental activities of daily living (IADLs); older age; and for those living with others only, lower score on the quality of life sub-scale for control. Personal call alarm use may be markedly lower than the 30% annual incidence of falls among community-dwelling older people. Better understanding is needed of the reasons for low usage, even amongst those at highest risk of falls for whom such alarms are most likely to be beneficial. (RH)

ISSN: 0144686X

[From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

Which factors are associated with fear of falling in community-dwelling older people?; by Arun Kumar, Hannah Carpenter, Richard Morris (et al): Oxford University Press, January 2014, pp 76-84.

Age and Ageing, vol 42, no 1, January 2014, pp 76-84.

Fear of falling (FOF) is common in older people and associated with serious physical and psychosocial consequences. Identifying those at risk of FOF can help target interventions to both prevent falls and reduce FOF. A cross-sectional study of 1,088 community-dwelling older people aged 65 years living in London, Nottingham and Derby aimed to identify factors associated with FOF. Data were collected on socio-demographic characteristics, self-perceived health, exercise, risk factors for falls, FOF (Short FES-I), and functional measures. Logistic regression models of increasing complexity identified factors associated with FOF. High FOF (Short FES-I =11) was reported by 19%. A simpler model (socio-demographic + falls risk factors) correctly classified as many observations (82%) as a more complex model (socio-demographic + falls risk factors + functional measures) with similar sensitivity and specificity values in both models. There were significantly raised odds of FOF in the simpler model with the following factors: unable to rise from a chair of knee height (OR: 7.39), lower household income (OR: 4.58), using a walking aid (OR: 4.32), difficulty in using public transport (OR: 4.02), poorer physical health (OR: 2.85), black/minority ethnic group (OR: 2.42), self-reported balance problems (OR: 2.17), lower educational level (OR: 2.01), and a higher BMI (OR: 1.06). A range of factors identify those with FOF. A simpler model performs as well as a more complex model containing functional assessments and could be used in primary care to identify those at risk of FOF, who could benefit from falls prevention interventions. (RH)

ISSN: 00020729

[From : www.ageing.oxfordjournals.org](http://www.ageing.oxfordjournals.org)

2013

Alcohol, hospital admissions, and falls in older adults: a longitudinal evaluation; by Robert J Tait, Davina J French, Richard A Burns ... (et al).: Cambridge University Press, June 2013, pp 901-912.

International Psychogeriatrics, vol 25, no 6, June 2013, pp 901-912.

There are limited data on the impacts of alcohol use in older adults. The present study aimed to evaluate self-reported hospital admissions and falls against current Australian alcohol consumption guidelines. The study conducted a longitudinal analysis of data from five Australian cohort studies. The study comprised 16,785 people aged 65 years or older at baseline. Alcohol consumption was categorized using Australian guidelines in standard (10g) drinks per day as 'abstinent', 'low-risk', 'long-term risk' or 'short-term risk'. Separate generalised estimating equations for men and women, controlling for key demographic and health variables (depression, diabetes, circulatory and musculoskeletal conditions) were used to examine the relationship of alcohol consumption with hospitalisation and falls against a reference category of low-risk consumption. Most participants were in the low (10,369, 62%) or abstinent (5,488, 33%) categories. Among women all alcohol groups had greater odds of admission than low-risk users; among men, only the abstinent group had increased odds. For both genders depression, diabetes, circulatory and musculoskeletal conditions all increased the odds of admission. For both genders the unadjusted model showed that abstainers had increased odds of falling, with depression, diabetes, and for women, musculoskeletal conditions also associated with falls in the adjusted model. These outcomes suggest that older women in particular could benefit from targeted alcohol consumption messages or interventions. In relation to falls, other health conditions appear better targets for intervention than alcohol use. (JL)

ISSN: 10416102

From : journals.cambridge.org/ipg

Central nervous system medications and falls risk in men aged 60-75 years: the Study on Male Osteoporosis and Aging (SOMA); by Tahir Masud, Morten Frost, Jesper Ryg ... (et al).: Oxford University Press, January 2013, pp 121-124.

Age and Ageing, vol 42, no 1, January 2013, pp 121-124.

Drugs acting on the central nervous system (CNS) increase falls risk. Most data on CNS drugs and falls are in women/mixed-sex populations. This study assessed the relationship between CNS drugs and falls in men aged 60-75 years. A questionnaire was sent to randomly selected Danish men aged 60-75 years. Cross-sectional data on CNS drugs and falls in the previous year were available for 4,696 men. Logistic regression investigated the relationship between falls and CNS drugs. The median age of the sample was 66.3 years and 21.7% of participants were fallers. The following were associated with fallers: opiates, other analgesics, antiepileptics, antidepressants and anxiolytics/hypnotics. Effects of opiates interacted strongly and significantly with age, with a marked association with falls in the older half of the subjects only. No significant associations were found between antipsychotics and fallers. Selective serotonin reuptake inhibitors and tricyclics were significantly associated with fallers. The authors conclude that several CNS drug classes are associated with an approximately two- to threefold increase risk of falls in men aged 60-75 years randomly selected from the population. Further longitudinal data are now required to confirm and further investigate the role of CNS drugs in falls causation in men. (JL)

ISSN: 00020729

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

Changes in falls prevention policies in hospital in England and Wales; by Frances Healey, Jonathan Trembl.: Oxford University Press, January 2013, pp 106-109.

Age and Ageing, vol 42, no 1, January 2013, pp 106-109.

In 2007 the National Patient Safety Agency (NPSA) published 'Slips trips and falls in hospital' and 'Using bedrails safely and effectively'. This observational study aimed to identify changes in local policies in hospitals in England and Wales following these publications. Policies in place during 2006 and 2009 were requested from 50 randomly selected acute hospital trusts and their content was categorised by a single reviewer using defined criteria. 37 trusts responded. Trusts with an inpatient falls prevention policy increased from 65 to 100%, the use of unreferenced numerical falls risk assessments reduced from 50 to 19%, and trusts with a bedrail policy increased from 49 to 89%. It was concerning to find that by 2009 advice on clinical checks after a fall was available in only 51% of trusts, and only 46% of trust policies included specific guidance on avoiding bedrail entrapment gaps. The observed changes in policy content were likely to have been influenced not only by the NPSA publications but also by contemporaneous publications from the Royal College of Physicians' National Audit of Falls and Bone Health, and the Medicines and Healthcare Products Regulatory Agency. Most areas of local policy indicated substantial improvement but further improvements are required. (JL)

ISSN: 00020729

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

Cost-utility analysis of a shock-absorbing floor intervention to prevent injuries from falls in hospital wards for older people; by Nicholas Latimer, Simon Dixon, Amy Kim Drahota, Martin Severs.: Oxford University Press, September 2013, pp 641-645.

Age and Ageing, vol 42, no 5, September 2013, pp 641-645.

Hospital falls place a substantial burden on healthcare systems. There has been limited research into the use of hospital flooring as an intervention against fall-related injuries. The objective of this study was to assess the cost-effectiveness of shock-absorbing flooring compared with standard hospital flooring in hospital wards for older people. A cost-utility analysis was undertaken drawing upon data collected in a pilot cluster randomised controlled trial and the wider literature. The trial included eight hospital sites across England. Four sites installed shock-absorbing flooring in one bay, and four maintained their standard flooring. Falls and resulting injuries and treatment were reported by hospital staff. Data on destination of discharge were collected. Patients were followed up at three months and further resource use data were collected. Health-related quality of life was assessed, allowing quality-adjusted life years (QALYs) to be estimated. The incremental cost-effectiveness ratio of the shock-absorbing flooring was assessed compared with the standard hospital flooring. In the base case, the shock-absorbing flooring was cost saving, but generated QALY losses due to an increase in the faller rate reported in the intervention arm. Scenario analysis showed that if the shock-absorbing flooring did not increase the faller rate it was likely to represent a dominant economic strategy generating cost savings and QALY gains. The study concludes that the shock-absorbing flooring intervention has the potential to be cost-effective but further research is required on whether the intervention flooring results in a higher faller rate than standard flooring. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

Do continence management strategies reduce falls?: a systematic review; by Frances A Batchelor, Briony Dow, May-Ann Low.: Wiley Blackwell, December 2013, pp 211-216.

Australasian Journal on Ageing, vol 32, no 4, December 2013, pp 211-216.

Urinary incontinence is associated with increased fall risk, and fall prevention programmes include recommendations to manage continence as one component of fall reduction. However the evidence to support this recommendation is unclear. The aim of this study was to identify continence management interventions that are effective in decreasing falls. A systematic review of the literature was conducted. Studies were included if they evaluated the effect of any type of continence management strategy on falls in older adults. The included studies were assessed for quality, and data relating to participants, interventions and outcomes were extracted by two independent reviewers. Four articles met the inclusion criteria. Two studies were randomised controlled trials, one a retrospective cohort study and one an uncontrolled intervention study. Interventions included pharmacological agents, a toileting regime combined with physical activity and an individualised continence programme. Only the study evaluating the combination of physical activity and prompted voiding found an effect on falls. It is surprising that there has been so little research into continence management interventions that include fall outcomes. A toileting regime combined with physical activity may reduce falls in residential care. There is a need for further studies investigating the impact of continence management on falls. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

The effect of fall prevention exercise programmes on fall induced injuries in community dwelling older adults: systematic review and meta-analysis of randomised controlled trials; by Fabienne El-Khoury, Bernard Cassou, Marie-Aline Charles, Patricia Dargent-Molina. London: British Medical Association, 29 October 2013, pp f6234.

British Medical Journal, vol 347, 29 October 2013, pp f6234.

The extent to which fall prevention exercise interventions for older community-dwelling people are effective in preventing different types of fall-related injuries was examined. The authors searched electronic databases (PubMed, the Cochrane Library, Embase, and CINAHL) and reference lists of included studies and relevant reviews from inception to July 2013. They selected randomised controlled trials (RCTs) of fall prevention exercise interventions that targeted older (>60 years) community-dwelling people and provided quantitative data on injurious falls, serious falls, or fall related fractures. Based on a systematic review of the case definitions used in the selected studies, the authors grouped the definitions of injurious falls into more homogeneous categories, to allow comparisons of results across studies and the pooling of data. For each study, they extracted or calculated the rate ratio of injurious falls. Depending on the available data, a given study could contribute data relevant to one or more categories of injurious falls. A pooled rate ratio was estimated for each category of

injurious falls based on random effects models. 17 trials involving 4305 participants were eligible for meta-analysis. Four categories of falls were identified: all injurious falls, falls resulting in medical care, severe injurious falls, and falls resulting in fractures. Exercise had a significant effect in all categories, with pooled estimates of the rate ratios of 0.63 (95% confidence interval 0.51 to 0.77, 10 trials) for all injurious falls, 0.70 (0.54 to 0.92, 8 trials) for falls resulting in medical care, 0.57 (0.36 to 0.90, 7 trials) for severe injurious falls, and 0.39 (0.22 to 0.66, 6 trials) for falls resulting in fractures, but significant heterogeneity was observed between studies of all injurious falls ($I^2=50%$, $P=0.04$). The authors conclude that exercise programmes designed to prevent falls in older adults also seem to prevent injuries caused by falls, including the most severe ones. Such programmes also reduce the rate of falls leading to medical care. (OFFPRINT.) (RH)
From : <http://www.bmj.com>

Epidemiology of ambulance responses to older people who have fallen in New South Wales, Australia; by Paul M Simpson ... (et al): Wiley Blackwell, September 2013, pp 171-176.

Australasian Journal on Ageing, vol 332, no 3, September 2013, pp 171-176.

The aim of this study was to quantify the size and scope of the operational burden for a large ambulance service arising from older people who had fallen and to describe this population. The authors carried out a retrospective analysis of ambulance records from New South Wales, Australia for emergency calls classified as 'falls' in the period from July 2008 to June 2009. There were 42,331 responses to people aged 65 years or older, constituting 5.1% of total emergency workload. The median age of patients was 83 (interquartile range 76-87) and 62% were women. The transport rate was 76%. Transport to hospital was more likely during the day and on weekends. Findings of the study showed that falls by older people constitute approximately 5% of all emergency responses, of which one quarter are not transported to emergency department (ED) after paramedic assessment. Increasing the sophistication of ambulance dispatch processes to older people who have fallen and continuing with the development of new models of care aimed at decreasing unnecessary transports to the EDs should be a priority when planning ambulance service delivery for older people who have fallen. (JL)

ISSN: 14406381

From : <http://www.wileyonlinelibrary.com/journal/ajag>

Exploring the system-wide costs of falls in older people in Torbay; by Yang Tian, James Thompson, David Buck (et al), Kings Fund. London: Kings Fund, 2013, 12 pp.

One in three people aged 65+, and half of those aged over 80, fall at least once a year. Falls cost the NHS more than £2 billion per year. With the number of people aged 65+ predicted to increase by 2 million by 2021, the costs incurred of treating patients across health, community and social care services are set to rise further. This paper uses Torbay's unique patient-level linked data set to explore the NHS and social care costs of the care pathway for older people in the 12 months before and after being admitted to hospital as a result of a fall. On average, these costs for each patient who fell were almost four times as much in the 12 months after admission for a fall as the costs of the admission itself. Over the 12 months that followed admission for falls, costs were 70% higher than in the 12 months before the fall. Comparing the 12 months before and after a fall, the most dramatic increase was in community care costs (160%), compared to a 37% increase in social care costs and a 35% increase in acute hospital care costs. While falls patients in this study accounted for slightly more than 1% of Torbay's over-65 population, in the 12 months that followed a fall, spending on their care accounted for 4% of the whole annual inpatient acute hospital spending, and 4% of the whole local adult social care budget. The authors discuss how linked health and social care data can be used to inform policy and practice. The findings strengthen the case for an integrated response for frail older people at risk of falls. However, to allow comparison of different models of care, other localities need to emulate Torbay's recording and analysis of whole-system data at the patient level - which, to the authors' knowledge, is the first time that such detailed analysis of the costs in the health and social care system has been carried out in relation to falls patients in England. (RH)

From : Download: http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/exploring-system-wide-costs-of-falls-in-torbay-kingsfund-aug13.pdf

Fall determinants in older long-term care residents with dementia: a systematic review; by Tobias F Kropelin, Jacques C L Neyens, Ruud J G Halfens ... (et al): Cambridge University Press, April 2013, pp 549-563.

International Psychogeriatrics, vol 25, no 4, April 2013, pp 549-563.

Persons with dementia are 2-3 times more likely to fall compared to persons without dementia. In long-term care settings the dementia prevalence is highest. Therefore older long-term care residents with dementia can be considered a high risk group for falls. The purpose of this study was to identify fall determinants among older long-term care residents with dementia or cognitively impaired persons in long-term care by conducting a systematic literature review. 8 studies were found which met the inclusion criteria. Of these 3 were excluded from detailed analysis because of insufficient quality. Use of psychotropic drugs, a 'fair or poor' general health,

gait impairments and age were associated with an increased fall risk. Also trunk restraints were associated with an increased number of falls while full bedrails and wandering behaviour were protective against falls. Fall risk factors known from other populations, e.g. use of psychotropic drugs, physical restraints and health conditions are found in long-term care residents with dementia as well. Due to the limited evidence available, future studies with adequate sample sizes and prospective designs are required to determine specific fall risk factors and verify existing results in this population. (JL)

ISSN: 10416102

From : journals.cambridge.org/ipg

Falls and fractures: a literature review and Welsh perspective; by Gareth Morgan.: Emerald, 2013, pp 170-178. Working with Older People, vol 17, no 4, 2013, pp 170-178.

This paper draws from the published literature on falls and fractures, and combines this with the professional experience of the author in Wales. Epidemiological calculations are presented using readily available data and summarised diagrammatically. The paper has three main elements. The first is to present some of the epidemiological considerations of this situation. The second is to describe some of the risk factors, and, by extension, the interventions that might be helpful. Third, the paper describes a case study on the Welsh situation. Falls and fractures constitute a significant public health challenge, due to the number of individuals affected and the seriousness of impacts. Risk factors, such as vitamin D deficiency, are open to modification and interventions such as exercise are also helpful. In Wales, policy could be geared to improving the response to this, such as an expansion of cost saving fracture liaison services. (RH)

ISSN: 13663666

From : www.emeraldinsight.com/wwop.htm

Falls prevention interventions for community-dwelling older persons with cognitive impairment: a systematic review; by Heidi Winter, Kerriane Watt, Nancye May Peel.: Cambridge University Press, February 2013, pp 215-227.

International Psychogeriatrics, vol 25, no 2, February 2013, pp 215-227.

Globally, falls in older people are a leading cause of injury-related mortality and morbidity. Cognitive impairment is a well-known risk factor for falls in this population group. While there is now a large body of evidence to support effective interventions for falls reduction across care settings, very little is known about interventions in the vulnerable but increasing population of cognitively impaired community-dwelling older people. The aim of this systematic review was to investigate interventions designed to reduce falls in community-dwelling, cognitively impaired older adults. A literature search of databases was conducted to identify original research published in English, which met predefined inclusion and exclusion criteria for effective (non-pharmacological) falls prevention interventions in cognitively impaired community-dwelling people over 65 years of age. Data from the selected papers were extracted into tables and analysed according to study characteristics, measures, results and quality. The review identified 11 studies providing data from 1,928 participants. Interventions included exercise, health assessment and management of risk, multi-component and cognitive behavioural programmes and hip protectors as falls risk reduction strategies. Seven of the selected studies showed an intervention effect in decreasing falls risk, however only two of these showed a significant improvement in physical performance measures specifically in a cognitively impaired group. The diversity of interventions, study designs, populations and quality of the studies which met inclusion criteria resulted in conflicting evidence and inconclusive results for falls prevention interventions in this highly complex population. (JL)

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From : journals.cambridge.org/ipg

A framework for the assessment of community exercise programmes: a tool to assist in modifying programmes to help reduce falls risk factors; by Richard C Franklin, Jackie Boehm, Jemma King ... (et al): Oxford University Press, July 2013, pp 536-540.

Age and Ageing, vol 42, no 4, July 2013, pp 536-540.

Falls in older adults are a significant global public health challenge. Exercise interventions which incorporate the physiological components of balance and strength can reduce falls risk. However the optimum qualities, such as type, duration and frequency of engagement in these exercise programmes, are yet to be established. This research project aimed to develop and test a tool for the assessment of physiological criteria in community exercise programmes and to determine which programmes may be modified to help reduce falls risk factors. This initial phase of the research and the aim of this paper were to describe the development of the Community Exercise Program Assessment Matrix (the Matrix). A review of the falls literature identified an existing classification system, which guided the development of the Matrix. An expert panel assisted in reviewing, testing and ongoing refinement of the Matrix. The Matrix contained a range of physiological and cognitive

components as well as other items which captured non-physiological components. After testing some modifications were made to the Matrix to aid usage. This paper outlined the development of the Matrix, which is intended to be used for the recording of physiological components (related to falls prevention) of an exercise programme in terms of type, duration and frequency. The next step is to use the Matrix in conjunction with pre- and post-physiological testing of participants to assess a range of exercise programmes and changes in participant physiological functioning. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

In-patient falls: what can we learn from incident reports?; by Sue Hignett, Gina Sands, Paula Griffiths.: Oxford University Press, July 2013, pp 527-531.

Age and Ageing, vol 42, no 4, July 2013, pp 527-531.

Previous research has offered useful insights on contributory factors for in-patient falls in hospitals but has been limited due to the small data set of free-text analysis. The aim of the present study was to analyse three years' national incident data (2005-08) to further explore the contributory factors of in-patient falls. A total of 20,036 reports (15% sample) were analysed by coding the free-text data field. Contributory risk factors were compared with the whole sample and explored with the Chi-squared and Fisher's exact tests. Data were reported about the degree of harm (100% of reports), (un)witnessed status of fall (78%), location (47%), patient activity (27%), physical impairment/frailty (9.5%) and cognitive impairment/confusion (9.2%). Less than 0.1% of reports provided data about dizziness, illness, vision/hearing, and medicines. Overall patients were more likely to be harmed when away from the bed space, mobilising/walking and by falling from the bed when not intending to leave the bed. This analysis explored incident reports at a level of detail not previously achieved. It identified significant contributory factors for fall locations and activities associated with physical and cognitive characteristics. (JL)

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From : www.ageing.oxfordjournals.org

Older community-dwelling people's comparative optimism about falling: a population-based telephone survey; by Joanne Dollard, Christopher Barton, Jonathan Newbury, Deborah Turnbull.: Wiley Blackwell, March 2013, pp 34-40.

Australasian Journal on Ageing, vol 32, no 1, March 2013, pp 34-40.

The present study aimed to determine whether older community-dwelling people underestimate their own perceived chance of falling compared with that of other older people (comparative optimism), and whether a history of falls is associated with comparative optimism. A sample of 389 community-dwelling South Australians aged 65 years or more completed a computer-assisted telephone interview about their 12-month fall history, their perceived chance of falling and their rating of other older people's chance of falling. Respondents were found to be comparatively optimistic about their chance of falling. However those who had fallen in the last 12 months had a lower comparative optimism score. As older people were comparatively optimistic about their likelihood of falling, they might not find fall prevention messages relevant. When older people present with a fall, clinicians could provide fall prevention information consistent with how older people present themselves. (JL)

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From : <http://www.wileyonlinelibrary.com/journals/ajag>

Pilot cluster randomised controlled trial of flooring to reduce injuries from falls in wards for older people; by Amy Kim Drahota, Derek Ward, Julie E Udell ... (et al): Oxford University Press, September 2013, pp 633-640. Age and Ageing, vol 42, no 5, September 2013, pp 633-640.

Falls disproportionately affect older people who are at increased risk of falls and injury. This pilot study investigated the effectiveness of shock-absorbing flooring for fall-related injuries in wards for frail older people. A non-blinded cluster randomised trial was conducted in eight hospitals in England between April 2010 and August 2011. Each site allocated one bay as the 'study area', which was randomised via computer to intervention (8.3-mm thick Tarkett Omnisports EXCEL) or control (2-mm standard in situ flooring). Sites had an intervention period of one year. Anybody admitted to the study area was eligible. The primary outcome was the fall-related injury rate. Secondary outcomes were injury severity, fall rate and adverse events. During the intervention period 226 participants were recruited to each group (219 and 223 were analysed in the intervention and control group respectively). Of 35 falls (31 fallers) in the intervention group, 22.9% were injurious, compared with 42.4% of 33 falls (22 fallers) in the control group. There were no moderate or major injuries in the intervention group and six in the control group. Staff at intervention sites raised concerns about pushing equipment, documenting one pulled back. The study concludes that future research should assess shock-

absorbing flooring with better 'push/pull' properties and explore increased faller risk. It is estimated that a future trial would need 33,480 to 52,840 person bed-days per arm. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

Systematic review of non-transportation rates and outcomes for older people who have fallen after ambulance service call-out; by A Stefanie Mikolaizak ... (et al.): Wiley Blackwell, September 2013, pp 147-157.

Australasian Journal on Ageing, vol 33, no 3, September 2013, pp 147-157.

The purpose of the present study, based in New South Wales, was to review the literature on older people who had fallen but were not transported to an emergency department (ED) after the emergency ambulance response. The aim was to summarise the evidence in relation to (i) non-transportation rates, (ii) outcomes following non-transportation, and (iii) outcomes from alternative care pathways for non-transported older people who had fallen. Electronic databases and reference lists of included studies (up to December 2011) were systematically searched. Studies were eligible if they included data on non-transportation rates, information on outcomes or alternate care pathways for older people who had fallen. Twelve studies were included. Non-transportation rates following a fall ranged from 11% to 56%. Up to 49% of non-transported people who had fallen had unplanned health care contact within 28 days of the initial incident. Attendance by specially trained paramedics and individualised multifactorial interventions significantly reduced adverse events including subsequent falls, emergency ambulance calls, emergency department attendance and hospital admission. Limited but promising evidence shows that appropriate interventions can improve health outcomes of non-transported older people who have fallen. Further studies are needed to explore alternate care pathways and promote more efficient use of health services. (JL)

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From : <http://www.wileyonlinelibrary.com/journal/ajag>

Understanding contextual factors in falls in long-term care facilities; by Andrew Sixsmith, Ryan Woolrych, Rebecca Schoonop (et al.): Emerald, 2013, pp 160-166.

Quality in Ageing and Older Adults, vol 14 no 3, 2013, pp 160-166.

Despite the growing area of research involving falls in residential care settings, the link between contextual and environmental factors in falls is poorly understood. This paper draws on research being undertaken in long-term care (LTC) in Metro Vancouver, Canada, with a particular focus on identifying contextual factors contributing to fall events. The paper presents the results of a qualitative observational analysis of video-captured data collected through a network of high-quality video systems in two LTC facilities. The research comprised workshops involving experienced researchers who reviewed six video sequences of fall events. The outcome of the workshops was a written narrative summarising the discussion, and researchers' interpretation of fall sequences. The analysis indicates that there are a broad range of environmental, behavioural and situational factors that contribute to falls in LTC. This suggests that a limited conceptualisation of a fall as an outcome of the person's impairment and environmental hazards fails to convey the complexity of potential contributory factors typical of most fall incidents. Broadening our understanding of falls provides the potential to make recommendations for falls prevention practice across multiple levels, including individual, social and organisational contexts. The paper evaluates the potential of video-based data in fall analysis, and points to the development of a case study approach to analysing fall incidents to capture the complex nature of contributory factors beyond research that focuses solely on intrinsic and extrinsic risk factors. (RH)

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From : www.emeraldinsight.com/qaoa.htm

2012

Assessing and adapting the home environment to reduce falls and meet the changing capacity of older adults; by Jon Pynoos, Bernard A Steinman, Anna Quyen Do Nguyen, Matthew Bressette.

Journal of Housing for the Elderly, vol 26, nos 1-3, January-September 2012, pp 137-155.

Falls are a serious problem for older adults and their families. This article describes research regarding fall risk assessment, risk reduction interventions and public policy aimed at reducing the risk of falls for older adults in home settings. Assessments for frail older adults should include observations of not only the physical environment but also the interactions among the environment, behaviour and physical functioning so that interventions are tailored to the specific situation of the individual. Home modification and technology can prove useful when designing interventions aimed at reducing fall risks. Problems such as cost, reluctance to adopt or implement suggestions and a lack of knowledge may present barriers to effective home modification. Programme and policy options for the future include improved training for service personnel who visit the homes of older adults, increased awareness of and coordination between programmes or interventions aimed at

reducing the risk of falls, new sources of funding and building more housing that follows the principles of universal design. (JL)

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

Balance improvements in independent-living elderly adults following a 12-week structured exercise program; by June A Kloubec, Mary Rozga, Megan Block.: Taylor and Francis, April-June 2012, pp 167-178.

Activities, Adaptation and Ageing, vol 36, no 2, April-June 2012, pp 167-178.

The purpose of this study was to validate a comprehensive, functionally oriented exercise programme to document any improvement in activity levels and functional capacity (especially balance and reducing the risk of falls) in independent-living older adults. Data were collected for 12 weeks on 31 subjects (mean age 84.76 years) and 16 controls (mean age 86 years). The Berg Balance score in the subjects demonstrated a statistically significant improvement between 0 and 12 weeks. The controls showed no significant differences in any phase of the programme. Perception of balance also improved significantly for the subjects using the Activities-Specific Balance Confidence (ABC) Scale. (JL)

ISSN: 01924788

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

Community falls prevention for people who call an emergency ambulance after a fall: an economic evaluation alongside a randomised controlled trial; by Tracey H Sach, Philippa A Logan, Carol A C Coupland ... (et al).

Age and Ageing, vol 41, no 5, September 2012, pp 635-641.

The present study estimated the cost-effectiveness of a community falls prevention service compared with usual care from a National Health Service and personal social services perspective over a 12 month trial period. Participants were people over 60 years of age living at home or in residential care who had fallen and called an emergency ambulance but were not taken to hospital. A total of 157 participants (82 interventions and 75 controls) were used to perform the economic evaluation. The mean difference in NHS and personal social service costs between the groups was £-1,551 per patient over one year, comparing the intervention and control groups. The intervention patients experienced on average 5.34 fewer falls over 12 months. The mean difference in QALYs (Quality Adjusted Life Years) was 0.070 in favour of the intervention group. The authors conclude that the community falls prevention service was found to be cost-effective in this high-risk group. (JL)

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

Declining age-adjusted incidence of fall-induced injuries among elderly Finns; by Niina Korhonen, Seppo Niemi, Mika Palvanen ... (et al).

Age and Ageing, vol 41, no 1, January 2012, pp 75-79.

The study aimed to determine current trends in the number and age-adjusted incidence (per 100,000 persons) of fall-induced injuries among older adults in Finland by taking into account all persons 80 years of age or older who were admitted to Finnish hospitals for primary treatment of a first fall injury over the period 1970-2009. The number of fall-induced injuries in older Finns increased considerably during the study period: for women and men separately, these numbers were from 927 to 10,333 (an 11-fold rise), and from 212 to 3,258 (a 15-fold rise), respectively. In both genders, the age-adjusted incidence (per 100,000 persons) of fall-induced injuries increased until the late 1990s but decreased thereafter, the incidence being 2,729 (women) and 1,455 (men) in 1970, and 5,930 (women) and 4,240 (men) in 2009. Even with the current injury incidence the number of these injuries is expected to more than double by 2030. (JL)

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

Effect of vertebral fractures on function, quality of life and hospitalisation: the AGES-Reykjavik study; by Kristin Siggeirsdottir, Thor Aspelund, Brynjolfur Y Jonsson ... (et al).

Age and Ageing, vol 41, no 3, May 2012, pp 351-357.

Understanding the determinants of health burden after a fracture in ageing populations is important. The present study aimed to assess the effect of clinical vertebral and other osteoporotic fractures on function and the subsequent risk of hospitalisation. 5,764 men and women with a mean age of 77 years from the AGES (Age, Gene/Environment Susceptibility) Reykjavik study were examined between 2002 and 2006 and followed up for 5.4 years. Four groups with a verified fracture status were used: vertebral fractures, other osteoporotic fractures excluding vertebral, non-osteoporotic fractures and no fractures. All were compared and analysed for the effect on mobility, strength, Quality of Life (QoL), Activities of Daily Living (ADL), co-morbidity and hospitalisation. Worst performance on functional tests was in the vertebral fracture group for women and the other osteoporotic fractures group for men. Both vertebral and other osteoporotic fractures showed an increased

risk of hospitalisation. Individuals with vertebral fractures had 50% longer hospitalisation than those with no fracture and 33% longer than the other osteoporotic fractures group. The study concludes that individuals with a history of clinical vertebral fracture seem to carry the greatest health burden compared with other fracture groups. (JL)

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

Fall detectors: a review of the literature; by Gillian Ward, Nikki Holliday, Simon Fielden, Sue Williams.

Journal of Assistive Technologies, vol 6, no 3, 2012, pp 202-215.

This review looked at literature from the last ten years regarding the development of fall detector technology. The authors also discussed the application and use of products designed to detect falls and alert help from end-user and health and social care staff perspectives. Findings from the review showed that while there is a wide variety of new technology applied to fall detectors in development, the range of technologies currently available through health and social services to users is limited. Health and social care staff appear to be less convinced of the benefits of fall detectors than end users. There was also a lack of robust evidence regarding different approaches to technology in the management and detection of falls. Users had mixed views regarding the use of fall detectors, with some people having concerns about privacy, lack of human contact, user-friendliness and appropriate training, whilst others clearly identified the benefits of detecting falls and raising an alert. The implications of these findings for practice are discussed. (JL)

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From : <http://www.emeraldinsight.com/products/journals/journals.htm?id=jat>

Falls incidence underestimates the risk of fall-related injuries in older age groups: a comparison with the FARE (Falls risk by Exposure); by Astrid Etman, Gert Jan Wijnhuizen, Marieke J G van Heuvelen ... (et al).

Age and Ageing, vol 41, no 2, March 2012, pp 190-195.

Hitherto the risk of falls has been expressed as falls incidence (i.e. the number of falls or fallers per 100 person-years). However the risk of an accident or injury is the probability of having an accident or injury per unit of exposure. The FARE (Falls Risk by Exposure) is a measure for falls risk which incorporates physical activity as a measure of exposure. The objective of this study was to compare falls incidence and the FARE when expressing the age-related risk of fall-related injuries. Data of 21,020 community-dwelling men and women aged 55 years and above obtained from a national survey were used to compare incidence of fall-related injuries and the FARE. In order to compare both measures, risk ratios (of both outcome measures) were calculated for each age group. Hierarchical regression analyses were conducted to check the best model fit when expressing falls risk by age for the total study population and for men and women separately. Results showed that the risk of fall-related injuries, calculated on the basis of the incidence of fall-related injuries, showed a linear relationship with age, whereas the risk calculated on the basis of fall-related injuries corrected for exposure (Falls Risk by Exposure, FARE) showed an exponential relationship. Calculations on the basis of the incidence of fall-related injuries underestimated the risk of fall-related injuries in people aged 70 years and older, and especially in women. Calculation of the risk of fall-related injuries based on the incidence of these injuries underestimates the risk of such injuries relative to that calculated on the basis of the FARE. FARE-based calculations enable the early identification of people at high risk of falls and provide a more sensitive outcome measure for studies evaluating falls prevention interventions. (JL)

ISSN: 00020729

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

Falls: measuring the impact on older people: researched by PCP market research consultants; by Women's Royal Voluntary Service - WRVS; PCP. Cardiff: WRVS, 2012, 16 pp.

PCP conducted interviews with 500 older people in England, Scotland and Wales and asked them about their experiences of falls. 43% of those surveyed had fallen in the last five years, with 26 per cent of those living alone suffering a fall in the last year. Over one fifth (21%) of respondents who had suffered a fall in the last five years lost their confidence as a result. Of those aged over 80, 17% of those having a fall said it made them worried about leaving the house; and 5% of those aged 75 and over will not leave the house alone. This report considers the practical impact and challenges: the vulnerability of respondents; the severity and impact of the fall; the loss of independence; and the response of statutory services. The report describes the national policies and guidelines to prevent falls in England, Wales and Scotland. (RH)

From : Download:

http://www.royalvoluntaryservice.org.uk/Uploads/Documents/Reports%20and%20Reviews/Falls%20report_web_v2.pdf

Good memory as a predictor of falls: fact or artefact; by Kim Delbaere, Jacqueline C T Close, Nicole A Kochan ... (et al).

Age and Ageing, vol 41, no 3, May 2012, pp 404-408.

Accurate classification of older people into fallers and non-fallers is crucial for falls research, but largely dependent on the accuracy of fall reporting by the participants. The present study aimed to investigate the influence of memory in relation to fall reporting. Participants were 500 community-dwelling adults aged 70-90 years. Memory and executive functioning were assessed using the Rey Auditory Verbal Learning and Trail Making test, respectively. Fall risk was estimated using the physiological profile assessment (PPA). Falls were recorded prospectively for 12 months using monthly falls diaries and follow-up phone calls as required. Spearman correlations showed that falls were significantly correlated to worse executive functioning, worse PPA scores and better memory. People with better memory had an increased risk of being classified as single fallers and multiple fallers, but not when reported injuries were included as part of the definition. Good memory appears to influence the recording of falls in community-dwelling older people and likely reflects a reporting bias. In research studies, there may be value in using a combination of injurious falls and multiple falls when classifying people into faller and non-faller groups. (JL)

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

Impact and economic assessment of assistive technology in care homes in Norfolk, UK; by Saleh Al-Oraibi, Ric Fordham, Rod Lambert.

Journal of Assistive Technologies, vol 6, no 3, 2012, pp 192-201.

This study looked at whether new assistive technology (AT) systems in residential care homes reduced the number of falls and demands for formal health services. The project collected retrospective data about the incidence of falls before and after AT systems were installed in two care homes in Norfolk, each with different resident profiles regarding the prevalence of dementia. Standard incident report forms were examined for a period starting ten months before the upgrades to ten months after in Care Home 1 and from six months before to six months afterwards in Care Home 2. Overall there were 314 falls reported during the course of the study. The number reduced from 202 to 112 after the introduction of AT. The mean health care costs associated with falls in Care Home 1 were significantly reduced (more than 50%). In Care Home 2 there was no significant difference in the mean cost. The results suggest that installing an AT system in residential care homes can reduce the number of falls and health care cost in homes with a lower proportion of residents with advanced dementia compared to those with more residents with advanced dementia. (JL)

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From : <http://www.emeraldinsight.com/products/journals/journals.htm?id=jat>

Inferior physical performance test results of 10,998 men in the MrOS Study is associated with high fracture risk; by Bjorn E Rosengren, Eva L Ribom, Jan-Ake Nilsson ... (et al).

Age and Ageing, vol 41, no 3, May 2012, pp 339-344.

The aim of this study was to determine whether tests of physical performance are associated with fall-related fractures. 10,998 men aged 65 years or above were recruited. Questionnaires evaluated falls sustained twelve months before administration of a grip strength test, a timed stand test, a six-metre walk test and a 20-centimetre narrow walk test. Fallers with a fracture performed worse than non-fallers on all tests. Fallers with a fracture performed worse than fallers with no fractures both on the right-hand-grip strength test and on the six-metre walk test. A score below -2 standard deviations in the right-hand-grip strength test was associated with an odds ratio of 3.9 (95% CI: 2.1-7.4) for having had a fall with a fracture compared with having had no fall and with an odds ratio of 2.6 (95% CI: 1.3-5.2) for having had a fall with a fracture compared with having had a fall with no fracture. The study concludes that these tests performed by old men help discriminate fallers with a fracture from both fallers with no fracture and non-fallers. (JL)

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

Managing falls in older patients with cognitive impairment; by Morag E Taylor, Kim Delbaere, Jacqueline C T Close, Stephen R Lord.: Future Medicine, December 2012, pp 573-588.

Aging Health, vol 8, no 6, December 2012, pp 573-588.

Research has shown that individuals with dementia fall twice as often as cognitively intact people and are more likely to have injurious falls. Higher morbidity and rates of mortality and institutionalisation after falls have also been reported in this group. In this article the authors categorise risk factors for falls within seven domains, namely psychosocial and demographic factors, medical factors, medication factors, balance and mobility factors, sensory and neuromuscular factors, neuropsychological factors and environmental factors. Each factor is measured using a four-level rating system according to the strength of published evidence associating each

factor with falls. The authors then argue that there is limited but emerging literature that is attempting to define and explain why fall risk is increased in this population. This will allow for targeted fall prevention programmes. Currently there are no published randomised controlled trials that have prevented falls in community-dwelling cognitively impaired older people, and conflicting evidence is reported in hospital and residential care trials. Recent exercise interventions have demonstrated significant benefits, such as improved gait speed, strength and balance in people with cognitive impairment/dementia, providing encouraging evidence for further research and clinical interventions. (JL)

ISSN: 1745509X

From : <http://www.futuremedicine.com/loi/ahe>

Older people's participation in and engagement with falls prevention interventions in community settings: an augment to the cochrane systematic review; by Samuel R Nyman, Christina R Victor.
Age and Ageing, vol 41, no 1, January 2012, pp 16-23.

Recently, randomised controlled trials (RCTs) of fall prevention interventions conducted in community settings were systematically reviewed. The purpose of this study was to augment the review by analysing older people's participation in the trials and engagement with the interventions. The study aimed to calculate aggregate data on recruitment (proportion who accepted the invitation to participate), attrition at 12 month follow-up (loss of participants), adherence (to intervention protocol) and whether adherence moderated the effect of interventions on trial outcomes. The median recruitment rate was 70.7%. At 12 months the median attrition rate including mortality was 10.9%. Adherence rates were 80% for vitamin D/calcium supplementation; 70% for walking and class-based exercise; 52% for individually targeted exercise; approximately 60-70% for fluid/nutrition therapy and interventions to increase knowledge; and 58-59% for home modifications. No improvement was found for medication review/withdrawal of certain drugs. Adherence to multifactorial interventions was generally 75% but ranged 28-95% for individual components. The 13 studies that tested for whether adherence moderated treatment effectiveness produced mixed results. Using median rates for recruitment (70%), attrition (10%) and adherence (80%), it was estimated that, at 12 months, on average half of community-dwelling older people were likely to be adhering to falls prevention interventions in clinical trials. (JL)

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

Older people's preferences regarding programme formats for managing concerns about falls; by Tanja A C Dorresteijn, G A Rixt Zijlstra, Yvonne J J van Eijs ... (et al).

Age and Ageing, vol 41, no 4, July 2012, pp 474-481.

This Dutch study aimed to explore the preferences of community-dwelling older persons regarding different programme formats for managing concerns about falls. 5,755 community-dwelling people aged 70 years or over took part in the study. A questionnaire assessed people's willingness to participate per programme format, i.e. a programme at home, via telephone, via home visits and telephone consultations, via television or via Internet. Of the 2,498 participants who responded, 62.7% indicated no interest in any of the formats. The willingness to participate per programme format varied between 21.5 (at home) and 9.4% (via Internet). Among people interested in at least one of the formats, higher levels of fall-related concerns were associated with increased preference for a programme with home visits. Poor perceived health and being aged over 80 were associated with less preference for a group programme. Higher educated people were more in favour of a programme via Internet compared with their lower educated counterparts. In conclusion, most community-dwelling older people were not likely to participate in any of the six proposed programme formats for managing concerns about falls. However, when diverse formats of effective programmes were made available, uptake and adherence were likely to be increased since programme preferences were associated to specific population characteristics. (JL)

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

The role of cognitive impairment in fall risk among older adults: a systematic review and meta-analysis; by Susan W Muir, Karen Gopaul, Manuel M Montero Odasso.

Age and Ageing, vol 41, no 3, May 2012, pp 299-308.

The objective of the study was to evaluate the epidemiological evidence linking cognitive impairment and fall risk. Studies were identified through systematic searches of three electronic medical databases covering the period 1988-2009. Bibliographies of retrieved articles were also searched. A fixed-effects meta-analysis was performed using an inverse-variance method. 27 studies met the inclusion criteria. Impairment on global measures of cognition was associated with any fall, serious injuries and distal radius fractures in community-dwelling older adults. Executive function impairment, even subtle deficits in healthy community-dwelling older adults, was associated with an increased risk for any fall and falls with serious injury. A diagnosis of dementia was associated with risk for any fall but not serious fall injury in institution-dwelling older adults. There is

strong evidence that global measures of cognition are associated with serious fall-related injury, although there is no consensus on threshold values. Executive function was also associated with increased risk, which supports its inclusion in fall risk assessment especially when global measures are within normal limits. (JL)

ISSN: 00020729

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

Self-efficacy is independently associated with brain volume in older women; by Jennifer C Davis, Lindsay S Nagamatsu, Chun Liang Hsu (et al).

Age and Ageing, vol 41, no 4, July 2012, pp 495-501.

Ageing is highly associated with brain deterioration and evidence suggests that personality variables are risk factors for reduced brain volume. The present study looked at whether falls-related self-efficacy is independently associated with brain volume. The study method was a cross-sectional analysis of whether falls-related self-efficacy is independently associated with brain volumes (total, grey and white matter). Three multivariate regression models were constructed. Covariates included in the models were age, global cognition, systolic blood pressure, functional comorbidity index and current physical activity level. MRI scans were acquired from 79 community-dwelling older women aged between 65 and 75. Falls-related self-efficacy was assessed by the activities-specific balance confidence (ABC) scale. Results showed that after accounting for covariates, falls-related self-efficacy was independently associated with both total brain volume and total grey matter volume. The final model for total brain volume accounted for 17% of the variance, with the ABC score accounting for 8%. For total grey matter volume, the final model accounted for 24% of the variance, with the ABC score accounting for 10%. Overall evidence suggests that falls-related self-efficacy, a modifiable risk factor for healthy ageing, is positively associated with total brain volume and total grey matter volume. (JL)

ISSN: 00020729

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

There's no apprenticeship for Alzheimer's: the caring relationship when an older person experiencing dementia falls; by Anne McIntyre, Frances Reynolds.

Ageing and Society, vol 32 part 5, July 2012, pp 873-896.

Older people experiencing dementia are twice as likely to fall, resulting in serious injury, reduction in everyday activity and admission to long-term care. Carer burden also increases when a care recipient falls. This study investigated the experiences of falling of community-living older people with dementia and their carers. Participants included nine older people with Alzheimer's disease and their ten carers recruited from a large mental health National Health Service trust. The antecedents, falls events and consequences of falls were discussed. Findings revealed three themes: 'learning as you go', 'we're always together', 'nobody was interested'. The findings demonstrated how falling accentuates the impact of dementia on the dyad. Spouse-carers' discussion of their own falls highlighted the need for joint assessment of health and well-being to reduce carer burden and preserve the 'couplehood' of the dyad. Implications for practice are discussed. (JL)

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

The use of exercise-based videogames for training and rehabilitation of physical function in older adults: current practice and guidelines for future research; by Stuart T Smith, Daniel Schoene.

Aging Health, vol 8, no 3, June 2012, pp 243-252.

Functional impairment in older adults resulting from injury or disease contribute to parallel declines in self-confidence. Fear of a major incident such as a stroke or a bone-breaking fall can lead to the decision to move into a supported environment, which can be viewed as a major step in the loss of independence and quality of life. Novel use of videogame console technologies are beginning to be explored as a commercially available means for delivering training and rehabilitation programmes to older adults in their own homes. This article provides an overview of the main videogame console systems (Nintendo Wii, Sony Playstation and Microsoft Xbox) and discusses some scenarios where they have been used for rehabilitation, assessment and training of functional ability in older adults. In particular the study focuses on two issues that significantly impact functional independence in older adults, namely injury and disability resulting from stroke and/or falls. (JL)

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From : <http://www.futuremedicine.com/loi/ahe>

2011

Cost-effectiveness of fall prevention programs based on home visits for seniors aged over 65 years: a systematic review; by Sandro Corrieri, Dirk Heider, Steffi G Riedel-Heller ... (et al).

International Psychogeriatrics, vol 23, no 5, June 2011, pp 711-723.

Preventive home visits (PHVs) are considered a promising intervention to improve the health and independent functioning of older adults whilst reducing health care costs. This systematic review focused on the cost-effectiveness of PHVs, analysing randomised controlled trials that evaluated the incremental cost-effectiveness ratios in fall prevention interventions. Five studies providing relevant information were reviewed. While three of the studies indicated cost-effectiveness, one delivered no statistically significant results, and one proved cost-effectiveness only for a subgroup of the study sample. The authors conclude that the cost-effectiveness of PHVs appears to depend on careful adaptation of particular measures, for certain settings in special environments for designated patients and disease patterns, on a case-by-case basis. Starting points for further research are the components of the economic evaluation, the setting, personnel and measures of the intervention, as well as the careful selection and analysis of the study sample and its subgroups. A uniform follow-up time, standardised cost measurement as well as the use of standardised denominators like quality adjusted life years could build a foundation for comparable results. (JL)

ISSN: 10416102

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

Detection of falls using accelerometers and mobile phone technology; by Robert Y W Lee, Alison J Carlisle.

Age and Ageing, vol 40, no 6, November 2011, pp 690-696.

The purpose of the research was to study the sensitivity and specificity of fall detection using mobile phone technology. An experimental investigation was carried out using motion signals detected by a mobile phone. The research was conducted in a laboratory setting, and 18 healthy adults were recruited. Each participant was requested to perform three trials of four different types of simulated falls (forwards, backwards, lateral left and lateral right) and eight other everyday activities (sit-to-stand, stand-to-sit, level walking, walking up- and downstairs, answering the phone, picking up an object and getting up from supine). Acceleration was measured using two devices, a mobile phone and an independent accelerometer attached to the waist of the participants. Bland-Altman analysis showed a higher degree of agreement between the data recorded by the two devices. Using individual upper and lower detection thresholds, the specificity and sensitivity for mobile phone were 0.81 and 0.77, respectively, and for external accelerometer they were 0.82 and 0.96, respectively. In conclusion, fall detection using a mobile phone is a feasible and highly attractive technology for older adults, especially those living alone. It may be best achieved with an accelerometer. (JL)

ISSN: 00020729

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

Do exercise interventions designed to prevent falls affect participation in life roles?: a systematic review and meta-analysis; by Nicola Fairhall, Catherine Sherrington, Lindy Clemson, Ian D Cameron.

Age and Ageing, vol 40, no 6, November 2011, pp 666-674.

The aim of this study was to evaluate the extent to which measurement of participation has been reported in trials of fall prevention interventions in older people, and to determine the effect of exercise interventions on participation in life roles. Randomised controlled trials of exercise interventions that aimed to reduce falls in older people aged 60 and above in community, aged care facilities or hospital settings were included. The outcome of interest was participation in life roles. Trials that measured participation at two time-points were included in the meta-analysis. 96 trials met the review inclusion criteria. Participation was measured in 19 of these trials (20%). Nine instruments were used to measure participation. Fifteen trials, involving 3,616 participants, were included in the meta-analysis. The pooled estimate of the effect of interventions including exercise indicated a small improvement in participation. Meta-regression that showed multifactorial intervention with an exercise component had a larger effect than exercise intervention alone, but the difference was not statistically significant. (JL)

ISSN: 00020729

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

Epidemiology of falls in older age; by Nancy May Peel.

Canadian Journal on Aging, vol 30, no 1, March 2011, pp 7-19.

Worldwide, falls among older people are a public health concern because of their frequency and adverse consequences in terms of morbidity, mortality, and quality of life, as well as their impact on health system services and costs. This epidemiological review outlines the public health burden of falls and fall-related injuries and the impact of population ageing. The magnitude of the problem is described in terms of the classification of

falls and measurement of outcomes, including fall incidence rates across settings, sociodemographic determinants, international trends, and costs of falls and fall-related injuries. Finally, public health approaches to minimise falls risk and consequent demand on health care resources are suggested. (JL)

ISSN: 07149808

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

Ethical issues in the use of fall detectors; by Michelle Ganyo, Michael Dunn, Tony Hope.

Ageing and Society, vol 31, part 8, November 2011, pp 1350-1367.

Fall detectors are a form of remote monitoring assistive technology that have the potential to reduce older adults' risks of falling. In this paper the ethical issues raised by the use of fall detectors are examined. The fall detection devices currently available are outlined, and a summary of how these devices require social care services or family carers to respond in particular ways is provided. The ethical issues associated with the use of fall detectors are classified under four headings: autonomy, privacy, benefit, and the use of resources. These issues arise out of the nature of the technology itself, and the way that this technology is integrated into the day-to-day support package of the person for whom it is provided. It is argued that manufacturers have a duty to provide information about the 'ethical side-effects' associated with the use of a particular device, and that the process of making a decision to provide a person with a fall detector should include a checklist of questions that is designed to enable decision makers to work through the ethical issues raised. (JL)

ISSN: 0144686X

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

Fall risk factors in community-dwelling elderly who receive Medicaid-supported home- and community-based care services; by Takashi Yamashita, Haesang Jeon, A John Bailer ... (et al).

Journal of Aging and Health, vol 23, no 4, June 2011, pp 682-703.

The study aimed to identify fall risk factors in an understudied population of older people receiving community-based care services. Data were collected from enrollees of Ohio's Medicaid home- and community-based waiver programme (preadmission screening system providing options and resources today [PASSPORT]). 23,182 participants receiving PASSPORT services in 2005/2006 were classified as fallers and non-fallers, and a variety of risk factors for falling was analysed using logistic regressions. Risk factors for falling were identified as follows: a previous history of falling, older age, white race, incontinence, a higher number of medications, activity of daily living limitations, unsteady gait, tremour, grasping strength, and absence of supervision. The authors conclude that identifying risk factors for the participants of a Medicaid home- and community-based waiver programme are useful for a falls risk assessment. However it would be most helpful if the community-based care service programmes were to incorporate measurements of known fall risk factors into their regular data collection (JL)

ISSN: 08982643

From : <http://jah.sagepub.com/>

Falls prevention: special section.

Canadian Journal on Aging, vol 30, no 1, March 2011, pp 1-66 (special section).

Special section featuring an editorial followed by five articles on the prevention of falls in later life. The goals of the section are to introduce the topic to readers unfamiliar with this field of research and to bring readers up to date on the current status of the field. From the five papers readers will have an understanding of the widespread problem of falls, how falls research has evolved, how falls can be prevented, and the psychosocial and cultural factors that influence older people's participation in falls prevention interventions. (JL)

ISSN: 07149808

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

Falls risk factors: assessment and management to prevent falls and fractures; by Finbarr C Martin.

Canadian Journal on Aging, vol 30, no 1, March 2011, pp 33-44.

Falls and fragility fractures are common, dangerous, and important public health challenges. They are best understood as geriatric syndromes with close relation to frailty and other ageing-related health problems. They are associated with many health-related and other risk factors including dizziness, postural instability, cognitive impairment, medical co-morbidities, and other medical conditions including osteoporosis and Parkinson's disease. At a population level, the challenge is to improve the health and well-being of all older people to reduce the incidence of falls. At a clinical level, the challenge is to assess the individual risk factors and apply evidence-based individually tailored, multifactorial interventions. The most powerful component is strength- and-balance exercise training. (JL)

ISSN: 07149808

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

The importance of identity in falls prevention; by Wendy Walker, Davina Porock, Stephen Timmons.
Nursing Older People, vol 23, no 2, March 2011, pp 21-26.

The study aimed to explore the meaning of falling for older people who had participated in a falls prevention programme to establish the importance of identity in falls prevention interventions. Data were collected in a 14-week video observation period of two falls prevention group programmes, examination of participant referral records and a series of semi-structured interviews with 11 participants. Study findings revealed that the meaning of falling for older people is closely related to the individual's identity. Participants attended the falls prevention programme because a professional they respected referred them, not because they thought they would gain personal value. Participants used a collective identity, of individuals who fall, to show how they differed from this social construct. In conclusion, the findings indicate the importance of the personal and collective identity on falls prevention. Professionals consulting with older people about falls prevention should offer individual plans that are agreed and valued by the older person. (JL)

ISSN: 14720795

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

Older adults, falls and technologies for independent living: a life space approach; by Cathy Bailey, Timothy G Foran, Cliodhna Ni Scanaill, Ben Dromey.

Ageing and Society, vol 31, part 5, July 2011, pp 829-848.

This study aimed to understand routines which lead to falls in older adults, and how new technology might be used to provide unobtrusive support in independent living. A small study was conducted in Ireland with eight community-dwelling older adults with varying experiences of falls or fear-of-falls. Data were collected through weekly life-space diaries, daily-activity logs, two-dimensional house plans and a pedometer. Findings revealed that, for some participants, daily activities and movements led to potentially risky behaviour about which they had been unaware, which may have implications for falls prevention advice, and technology design. Four key themes were also uncovered, which are discussed: being pragmatic; not just a faller; heightened awareness and blind spots; and working with technology. In conclusion, the study highlighted a need to think creatively about how technological and other solutions best fit with people's everyday challenges and needs. (JL)

ISSN: 0144686X

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

Older people's recruitment, sustained participation, and adherence to falls preventions in institutional settings: a supplement to the Cochrane systematic review; by Samuel R Nyman, Christina R Victor.

Age and Ageing, vol 40, no 4, July 2011, pp 430-436.

The study looked at older people's participation and engagement with randomised controlled trials (RCTs) of falls prevention programmes conducted in hospitals, nursing homes and other institutional settings. The study was part of the Cochrane systematic review of falls prevention interventions. It aimed to calculate aggregate data on recruitment (inclusion into the trial), attrition at 12-month follow-up (loss of participants from the trial), adherence (to intervention protocol), and whether adherence moderated the effect of interventions on trial outcomes. Results showed that the median inclusion rate was 48.5% (38.9-84.5%). At 12 months the median attrition rate was 10.4% (3.9-12.3%, n = 10) or with the inclusion of mortality 16.2% (9.5-17.1%, n = 11). Adherence was high for exercise that was individually targeted (e.g. 89% physical therapy) and group based (72-88%) and for medication interventions (68-88%). For multifactorial interventions, adherence ranged from 11% for attending 60+/88 of exercise classes to 93% for use/repairs of aids. Adherence as a moderator of treatment effectiveness was tested in nursing care facilities (n = 6) and positively identified in three studies for medication and multifactorial interventions. Using median rates for recruitment (50%), attrition (15%) and adherence (80%), by 12 months, it is estimated that on average only a third of nursing care facility residents are likely to be adhering to falls prevention interventions. (JL)

ISSN: 00020729

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

Prevention and management of falls: falling into place?; by Cameron G Swift.

Ageing Health, vol 7, no 4, August 2011, pp 539-549.

The knowledge base of falls prevention, including numerous systematic reviews, is now very extensive. Clear evidence-based guidance covers three main stages of risk assessment, namely the primary (stage 1) assessment of risk, the detailed (stage 2) assessment of risk status and risk factors, and recommended single and/or factorial interventions to prevent falls. By contrast, progress in the systematic implementation of falls prevention services has been painfully slow and inconsistent, at both national and international level. A clearer perception and

presentation of the broader significance of age-related falls is now required. This includes ageing processes, suboptimal physical fitness, stable specific impairment, unstable systemic illness, preventable injury and disability, dependency and mortality. Key residual research questions include the proportional contribution of falls risk reduction to fracture prevention, and the epidemiology of falls-related comorbidity. Falls researchers need to come together and collaborate strategically in evaluating agreed best prevention models. (JL)

ISSN: 1745509X

From : <http://www.futuremedicine.com/loi/ahe>

Psychosocial issues in engaging older people with physical activity interventions for the prevention of falls; by Samuel R Nyman.

Canadian Journal on Aging, vol 30, no 1, March 2011, pp 45-55.

This article presents an overview of the psychosocial factors that influence older people's participation in physical activity interventions to prevent falls. The importance of psychosocial factors is stressed inasmuch as interventions will be rendered useless if they do not successfully gain the active participation of older people. The theory of planned behaviour is used as a framework for the review on how knowledge (a prerequisite), attitudes, subjective norms (the social context), and perceived behavioural control (confidence) promote or inhibit the intention to carry out activities to prevent falls. The review is supplemented with evidence for self-identity to influence intention, and the article concludes with a discussion of the recommendations made by the Prevention of Falls Network Europe for engaging older people in falls prevention. (JL)

ISSN: 07149808

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

Recruiting and retaining older persons within a home-based pilot study using movement sensors; by Cathy Bailey, Vanessa Buckley.

Health and Social Care in the Community, vol 19, no 1, January 2011, pp 98-105.

This article reports on key aspects of recruiting and retaining a small group of community dwelling older adults who have experienced falls into a study, piloting motion sensors in their homes for eight weeks. While the aim of the study was to consider how motion sensors may increase understanding of falls in the home, and how such sensors would fit into older people's lives, it also produced valuable research insights into the recruitment and retention of older people into home-based technology research and its challenges. The authors consider the recruitment strategy in terms of informed consent and non-exploitation, planning and explaining, the retention strategy in terms of communicating and recording and sharing data. It is hoped that by offering an analysis of the challenges and strategies it may help develop skills that maximise the involvement of older adults in research whilst at the same time ensuring inclusive and non-exploitative research relationships. (JL)

ISSN: 09660410

From : <http://www.ingentaconnect.com/content/bsc/hssc>

The role of culture and diversity in the prevention of falls among older Chinese people; by Khim Horton, Angela Dickinson.

Canadian Journal on Aging, vol 30, no 1, March 2011, pp 57-66.

This grounded theory study explored the perceptions of Chinese older people living in England on falls and fear of falling, and identified facilitators and barriers to fall prevention interventions. With a sample of 30 Chinese older people, two focus group discussions and ten in-depth interviews were conducted in Mandarin or Cantonese. Constant comparative analysis highlighted a range of health-seeking behaviours after a fall. Chinese older people were reluctant to use formal health services or talk about their falls. In particular they hid falls from their adult children to avoid worrying them. Fatalistic views about falls and poor knowledge about availability and content of interventions were prevalent. Cost of interventions was important. Chinese older adults valued their independence, and cultural intergenerational relations had an impact on taking action to prevent falls. (JL)

ISSN: 07149808

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

The role of health professionals in promoting the uptake of fall prevention interventions: a qualitative study of older people's views; by Angela Dickinson, Khim Horton, Ina Machen ... (et al).

Age and Ageing, vol 40, no 6, November 2011, pp 724-730.

Uptake of and adherence to fall prevention interventions is often poor and little is known about older people's perceptions of and beliefs about fall prevention interventions. The present study aimed to explore older people's perceptions of the facilitators and barriers to participation in fall prevention interventions in the UK. A qualitative study was carried out with older people using semi-structured interviews and 17 focus groups. These groups included 32 Asian and 30 Chinese older people. The study took place in community settings in four geographical areas of the South of England. The mean age of participants was 75 years (range 60-95). Data

analysis used a constant comparative method. Study participants reported that health professionals and their response to reported falls played a major role in referral to and uptake of interventions, both facilitating and hindering uptake. Health professionals frequently failed to refer people to fall prevention interventions following reports of falls and fall-related injuries. Consideration should be given to inclusion of opportunistic and routine questioning of older people about recent falls by practitioners in primary care settings. Referrals should be made to appropriate services and interventions for those who have experienced a fall to prevent further injuries or fracture. (JL)

ISSN: 00020729

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

Telehealthcare and falls: using telehealthcare effectively in the support of people at risk of falling; by Brian Kerr, Ann Murray (eds), Dementia Services Development Centre, University of Stirling; Joint Improvement Team, Scottish Government; National Telecare Development Programme, Scottish Government. Stirling; Edinburgh: Dementia Services Development Centre, University of Stirling; Joint Improvement Team, Scottish Government, 2011, 45 pp.

This is one of six publications funded by the Scottish Government's National Telecare Development Programme, with the strategic aim of raising awareness of the importance of telehealthcare in health and social care services. It provides examples of equipment which might contribute to the safety and quality of life of people at risk of falling. It covers the causes, consequences, prevention and management of falls; the importance of needs and risk assessments; ethical dilemmas and how these can be resolved; issues particular to carers; and the content of a suggested training programme. (RH)

From : Dementia Services Development Centre, Iris Murdoch Building, University of Stirling, Stirling FK9 4LA. <http://www.dementia.stir.ac.uk>

Unintentional falls in older adults: a methodological historical review; by Mark Speechley.

Canadian Journal on Aging, vol 30, no 1, March 2011, pp 21-32.

PubMed lists over 6,000 references on unintentional falls in older adults. This article traces key methodological milestones in the application of epidemiological methods since the earliest publications in the late 1940s. Within the context of advances in case definition, sampling, measurement, research design and statistical analysis, the article reviews estimates of frequency of occurrence, risk factor associations, morbidity and mortality consequences, demonstration of the multiple risk factor theory of falls using fall prevention interventions, and the challenges of fall risk prediction models. Methodological explanations are provided for observed heterogeneities, and the case is presented for moving beyond undifferentiated lists of risk factors by focusing on balance and gait as the factors through which the mechanistic effects of distal risk factors can be understood. Moreover, the case is made to advance statistical analyses by looking at interactions among intrinsic risk factors and between intrinsic, extrinsic, and environmental factors. (JL)

ISSN: 07149808

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

2010

Caring for an aging population: context, practice and policy; by Margaret A Denton, Isik U Zeytinoglu (eds), Social and Economic Dimensions of an Aging Population Project - SEDAP.

Canadian Journal on Aging, vol 29, no 1, March 2010, pp 1-162 (whole issue of 10 articles).

The multidisciplinary research programme Social and Economic Dimensions of an Aging Population (SEDAP-II) is concerned with how population ageing will affect Canada's labour force and economy. This issue of the Canadian Journal on Aging considers diverse aspects of caregiving. Four articles consider the future needs of an ageing population by describing the current context of ageing and making future projections. Two articles examine the current context of two diverse groups of care givers: married or never-married sons as carers; and adult children of Japanese Canadians. Two articles address the relationship between home care providers and care recipients. Lastly, two articles describe and evaluate a falls intervention effort for an "at risk" group of older people receiving home care services. (RH)

ISSN: 07149808

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

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

Determinants of disparities between perceived and physiological risk of falling among elderly people: cohort study; by Kim Delbaere, Jacqueline C T Close, Henry Brodaty (et al).
British Medical Journal, vol 341, no 7770, 28 August 2010, p 436.
Fear of falling is common in older people and is associated with poor balance, depression and falls. 300 men and women aged 70-90 were randomly recruited from a cohort of 1037 living in the community in eastern Sydney, Australia and participating in the Sydney Memory and Ageing Study. Participants were categorised in relation to their physiological fall risk and their perceived fall risk: vigorous, anxious, stoic and aware. The anxious group had a low physiological but a high perceived fall risk, which was related to depressive symptoms, neurotic personality traits and decreased executive functioning. The stoic group had a high physiological but low perceived fall risk, which was protective for falling and mediated through a positive outlook on life and maintained physical activity and community participation. This summary of a paper published on bmj.com shows that many older people underestimate or overestimate their risk of falls. (RH)
ISSN: 09598138
From : www.bmj.comBMJ2010;341:c4165

Falls among the elderly: key is prevention, not detection; by Audrey Kinsella.
Journal of Assistive Technologies, vol 4, no 3, September 2010, pp 25-28.
Falls at home among the elderly population are frequent and costly occurrences. Timely responses to falls are possible when initiated by the use of Personal Emergency Response Systems (PERS). More work is needed, however, in preventing these falls from occurring. Means to prevent falls include using higher technology such as telehealth systems and lower technology such as home modifications that better ensure safety of elderly residents. Fall prevention programmes that are developed specifically for those living in their own homes need to comprise a combination of both low- and high-tech preventative strategies. (KJ)
ISSN: 17549450
From : <http://www.pierprofessional.com>doi: 10.5042/jat.2010.0487

The FIM (regd trademark) instrument to identify patients at risk of falling in geriatric wards: a 10-year retrospective study; by Nicolas Julien Petitpierre, Andrea Trombetti, Iain Carroll (et al).
Age and Ageing, vol 39, no 3, May 2010, pp 326-330.
The main objective was to evaluate if the admission functional independence measure (FIM) score could be used to predict the risk of falls in geriatric inpatients. A 10-year retrospective study was performed. The study was conducted in a 298-bed geriatric teaching hospital in Geneva, Switzerland. All patients discharged from the hospital from 1 January 1997 to 31 December 2006 were selected. Measures used were FIM scores at admission using the FIM instrument, and number of falls extracted from the institution's fall report forms. During the study period, there were 23,966 hospital stays. A total of 8,254 falls occurred. Of these, 7,995 falls were linked to 4,651 stays. Falls were recorded in 19.4% of hospital stays, with a mean incidence of 7.84 falls per 1,000 patient-days. Although there was a statistically significant relationship between total FIM score, its sub-scales, and the risk of falling, the sensitivity, specificity, positive predictive value and negative predictive value obtained with receiver operating characteristic curves were insufficient to permit fall prediction. This might be due in part to a non-linear relationship between FIM score and fall risk. In this study, the FIM instrument was found to be unable to predict risk of falls in general geriatric ward. (KJ/RH)
ISSN: 00020729
From : <http://www.ageing.oxfordjournals.org><http://www.bgs.org.uk>doi:10.1093/ageing/afq010

Intergenerational service learning: to promote active aging, and occupational therapy gerontology practice; by Beverly P Horowitz, Stephanie Dapice Wong, Karen Dechello.
Gerontology & Geriatrics Education, vol 31, no 1, 2010, pp 75-91.
Americans are living longer, and the meaning of age has changed, particularly for baby boomers and seniors. These demographic changes have economic and social ramifications with implications for health care, including

rehabilitation services and health science education. Service learning is an experiential learning pedagogy that integrates traditional higher education with structured active learning experiences. This article reports on one intergenerational service learning programme spanning 3 years. It was designed to facilitate community dialogue on fall prevention and active ageing, and to provide intergenerational educational community-based experiences in occupational therapy professional education. The programme additionally sought to promote students' understanding of ageing and issues related to ageing in place, students' professional development and civic engagement, and to encourage students to consider pursuing a career in occupational therapy gerontology practice. (KJ/RH)

ISSN: 02701960

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

A multicentre randomised controlled trial of day hospital-based falls prevention programme for a screened population of community-dwelling older people at high risk of falls; by Simon Conroy, Denise Kendrick, Rowan Harwood (et al).

Age and Ageing, vol 39, no 6, November 2010, pp 704-709.

The objective of this study was to determine the clinical effectiveness of a day hospital-delivered multifactorial falls prevention programme, for community-dwelling older people at high risk of future falls identified through a screening process. The design of the study was a multicentre randomised controlled trial. The setting was an eight general practices and three day hospitals based in the East Midlands, UK. Participants: three hundred and sixty-four participants, mean age 79 years, with a median of three falls risk factors per person at baseline. Interventions: a day hospital-delivered multifactorial falls prevention programme, consisting of strength and balance training, a medical review and a home hazards assessment. The main outcome measure was rate of falls over 12 months of follow-up, recorded using self-completed monthly diaries. Results: one hundred and seventy-two participants in each arm contributed to the primary outcome analysis. The overall falls rate during follow-up was 1.7 falls per person-year in the intervention arm compared with 2.0 falls per person-year in the control arm. The stratum-adjusted incidence rate ratio was 0.86 (95% CI 0.73-1.01), $P = 0.08$, and 0.73 (95% CI 0.51-1.03), $P = 0.07$ when adjusted for baseline characteristics. There were no significant differences between the intervention and control arms in any secondary outcomes. This trial did not conclusively demonstrate the benefit of a day hospital-delivered multifactorial falls prevention programme, in a population of older people identified as being at high risk of a future fall. (KJ)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org><http://www.bgs.org.uk>doi: 10.1093/ageing/afq096

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.com/doi: 10.1136/bmj.c2244](http://www.bmj.com/doi/10.1136/bmj.c2244)

Psychosocial risk factors associated with falls among Chinese community-dwelling older adults in Hong Kong; by Angela Leung, Iris Chi, Vivian W Q Lou (et al).

Health and Social Care in the Community, vol 18, no 3, May 2010, pp 272-281.

This study examined the relationship between psychosocial factors and falls among community-dwelling older adults in the Hong Kong Special Administrative Region of China. The study included 1573 adults aged 60+ who lived at home and who were applying for long-term care services. These participants were part of a large cross-sectional survey carried out between 2003 and 2004, in which they completed the Hong Kong Chinese version of the Resident Assessment Instrument - Home Care (RAI-HC) assessment. Of those who were surveyed, 516 (32.8%, 95% CI 30.5% to 35.2%) had fallen in the previous 90 days. Bivariate analyses showed that five psychosocial factors (depressive symptoms, fear of falling, a decline in social activities, the number of hours of informal care support during weekdays and living alone) were significantly associated with falls ($P < 0.05$). Logistic regression analysis showed living alone (odds ratio (OR) = 0.62; 95% CI 0.44 to 0.86) was the only psychosocial factor significantly associated with falls, after adjusting for the known significant factors related to falls. It was also found that more older people who lived with others had environmental hazards than those who lived alone (71.0% vs 29.0%). These findings suggest that living with others may not be as safe as we assume. Interventions to increase awareness of home safety and to seek co-operation with family members in falls prevention are recommended. Family members who are living with frail older adults should be taught fall preventive strategies. On the other hand, Chinese older adults who live alone often receive support from relatives or friends. Social support seems to be crucial to prevent them from falls, and this measure is recommended to be continued in the community. (KJ/RH)

ISSN: 09660410

From : [http://www.blackwellpublishing.com/hscDOI: 10.1111/j.1365-2524.2009.00900.x](http://www.blackwellpublishing.com/hscDOI:10.1111/j.1365-2524.2009.00900.x)

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.tandfonline.com>

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

According to 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 : <http://www.tandfonline.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 Picakciefe, 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.

Aging & 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.tandfonline.com>

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>

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>

Avoiding slips, trips and falls: an information guide on how to avoid falls in the home; by Windsor and Maidenhead Adult Care Services; Berkshire East Primary Care Trust; learning and Skills Council. Windsor: Windsor and Maidenhead Adult Care Services, 2007, 12 pp.

Falling can badly damage a person's quality of life. This booklet provides advice on how to avoid falls, and therefore be safe and maintain one's independence. (RH)

From : Windsor and Maidenhead Adult Care Services, York House, Sheet Street, Windsor SL4 1DD.

www.rbwm.gov.uk

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>

Getting up from a fall and planning ahead [DVD]: produced in partnership with Tick Tock, the Royal Borough of Windsor and Maidenhead, and East Berkshire Falls Prevention Groups; by Berkshire East Falls Service Implementation Group.: Berkshire Health Promotion Resources, 2007, DVD (7 mins 50 secs).

This DVD (also available as VHS video) is aimed at older people and others at risk of having a fall. It offers practical advice on what to do in the case of a fall. It explains a simple method for getting up and what to do if you can't. It gives advice on planning ahead to be better prepared if you do have a fall, for example, placing items around your rooms that could be useful if you were to fall, and having a procedure for calling for help. (RH)

Price: £12.00

From : Berkshire Health Promotion Resources: Tel 01753 638678; Website: www.bhps.org.uk/falls

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&taxonomyLibrary)

NodeID=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.tandfonline.com>

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 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 avoidance 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: the Journal of the Institute of Ageing and Health (West Midlands), 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>

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 Yiannakoulis (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: the Journal of the Institute of Ageing and Health (West Midlands), 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)

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