

**NSW Falls
Injury
Prevention**

FALLS LINKS

Volume 1 Issue 2

**March/April
2006**

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Welcome

Welcome to the second issue of Falls Links. This issue features the highlights of a report on the evolution of falls prevention in British Columbia (page 2). There is also a page of recent interesting abstracts from the literature on falls prevention. (Page 3) and a report by Kim Delbaere on the use of the Physical Performance Test in a community based cohort study (page 4).

The Falls Network Meeting will be held on the 25th of May in Sydney and details regarding the meeting and registration form are on pages 5 and 6.

The Second Australian Falls Prevention Conference will be held in Brisbane from the 5th to the 7th of November and further details are on page 7.

There has been a 20% increase in the numbers subscribing to the network listserv and this is great. If you have not joined the listserv please do so, as you will receive this newsletter regularly as well as other information including interesting articles. The instructions for joining the listserv are on page 7 of this newsletter, as are instructions on posting to the listserv.

NEW WEBSITE LAUNCHED

The new website for the network was launched on Wednesday 8th March and the reception has been positive with many comments on its usefulness and ease of navigation. The website will be updated regularly and it is hoped to add more resources to it, to enable these to be shared. Thanks to all who have made comments and suggestions, please continue to do so.

The address of the new website is:
<http://www.powmri.edu.au/fallsnetwork>

NETWORK MEETING 25TH MAY

The Network meeting for 2006 will be held at Mary MacKillop Place in North Sydney, with a great range of speakers and an opportunity for you to present your falls initiatives in a poster session, a panel discussion and question and answer session will conclude this meeting. Further information on the speakers and the registration form are on pages 5 and 6. Please register as soon as possible as this helps with catering. If you need any further information or want a more detailed flyer with abstracts from the speakers, or you need a template for a poster or project report contact Esther at e.vance@unsw.edu.au.

SPECIAL POINTS OF INTEREST:

- NEW WEBSITE**
- NETWORK MEETING**
- ABSTRACTS**
- PPT AND FALLS**
- CONFERENCES**
- NETWORK INFO**
- JOIN THE NETWORK**

The Evolution of Seniors' Falls Prevention in British Columbia

Produced by the British Columbia Ministry of Health in March 2006.

This report can be accessed at:

www.healthservices.gov.bc.ca/cpa/publications/index.html

Some highlights of the key aspects of this report are presented.

Falls and injury prevention strategies for seniors in British Columbia (BC) as in other areas are part of a larger strategy for health promotion and injury prevention in seniors.

In BC, over the past 20 years there has been continued collaboration in between the government, the health system, academia and local communities in the area of falls prevention and this has lead to a significant reduction in the rates of falls.

In 2006 a Healthy Aging framework is being developed. The reduction of falls and falls related injuries is seen as a priority for seniors in the context of healthy aging. This is particularly important due to the increase in the population of those 65 years and older as the baby boomers (born between 1946-1964) reach these years. The proportion of seniors over the age 85 in BC has increased the fastest. This has implications for future health costs.

Over 42.5% of falls related injuries among seniors treated in hospitals in BC were as a result of hip fracture. Falls cause >90% of all hip fractures among seniors and 20% of these resulted in death within a year. 1 in 3 persons over 65 years old experienced at least one fall per year.

An increase of 16% in hospitalizations due to falls related injuries in seniors in BC was found between 1992 and 2005. Hospital stays for falls were 50% longer than for all other causes of hospitalisations for those over 65. Most of this increase in

hospitalisations was seen in those over the age of 85. There was however a significant reduction in deaths due to falls in those aged over 85 years (see Figure 4 from the report below). In BC there has been a move away from treating falls from a disease model perspective to one that includes biological, environmental, social and behavioural factors. They have realized as elsewhere that falls are a complex issue and a multi-factorial approach is required fro prevention.

A key factor has been the establishment of the BC Injury research and Prevention Unit (BCIRPU) which is affiliated with the University of British Columbia. This has led to a dramatic increase in falls and falls injury prevention initiatives since 2001. The Provincial Health workers Office (PHO) report of 2004 reviewed the best practice options and provided clear recommendations for a variety of settings. The BC Falls prevention Coalition (BCFPC) was formed in 2005 as a result of the PHO report.

The BCFPC is a network representing every health authority in BC and also includes professional and government agencies and other organisations involved in seniors' health and falls prevention. The main functions of this network have included:

- Provision of systematic reviews on key injury areas;
- Development and dissemination of best practices to Health authorities and other key stakeholders;
- Supporting health authorities in developing strategic plans for injury prevention and reduction programs;
- Partnering with injury prevention stakeholders in analyzing and reporting surveillance data.

Out of this a BC Falls prevention coalition and BC Injury Prevention network have also been formed.

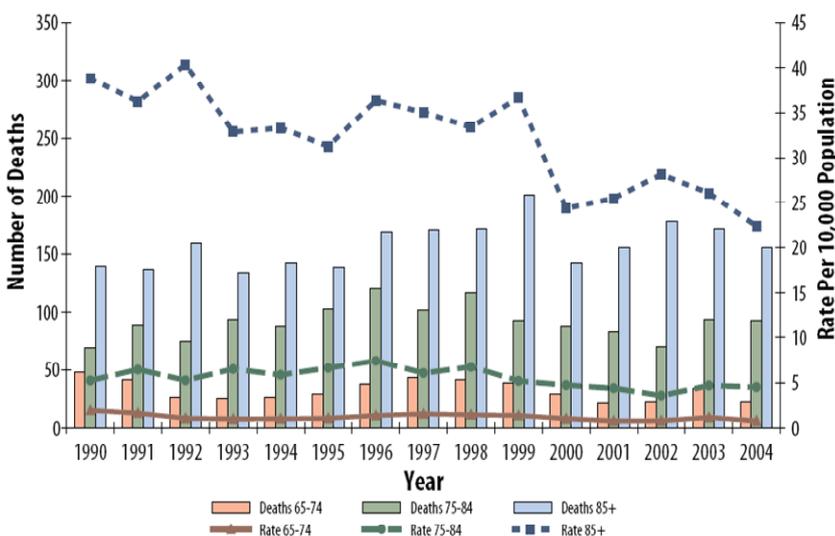
BC has been recognized internationally as a leader in the field of falls prevention among seniors and is collaborating with WHO to produce a Global report on falls among Older Persons.

A falls prevention symposium will be held in June 2006 to develop best practice guidelines for the relevant sectors (acute care, long term and community care). A blueprint document 'Future Directions for Senior Falls: Prevention in British Columbia' is due to be released later this year.

Work is also being done to develop a National Curriculum for Falls Prevention Training which is expected to be ready by 2008.

They concluded that, falls and falls related injuries still remained a leading cause of disability and deaths in BC seniors. The challenge in BC was therefore to continue the downward trend in rates of falls related deaths and hospitalisations especially within a rapidly aging population. This was being supported by the BC Ministry of Health.

Figure 4. Deaths Directly Due to Falls Among Seniors, Cases and Rates, B.C., 1990 to 2004



Notes: Direct cause of death = the underlying cause of death or what the person died of. Falls = ICD-10 W00 - W19.

Source: B.C. Vital Statistics Agency.

Recent Interesting Abstracts from the literature on Falls Prevention

Older people's views of advice about falls prevention: a qualitative study

L. Yardley¹*, M. Donovan-Hall², K. Francis¹, and C. Todd³

¹ School of Psychology and University of Southampton, Highfield, Southampton SO17 1BJ, UK

² School of Health Professions and Rehabilitation Sciences, University of Southampton, Highfield, Southampton SO17 1BJ, UK

³ School of Nursing, Midwifery and Social Work, University of Manchester, Manchester M13 9PL, UK

* To whom correspondence should be addressed.

L. Yardley, E-mail: lyardley@soton.ac.uk

Health Education Research, Advance Access, published February 8, 2006.

Abstract

The aim of this study was to gain an understanding of older people's perceptions of falls prevention advice, and how best to design communications that will encourage older people to take action to prevent falls. Focus groups and interviews were carried out with 66 people aged 61-94 years recruited from a variety of settings, using falls prevention messages to stimulate discussion. Thematic analysis revealed that participants interpreted 'falls prevention' principally as meaning hazard reduction, use of aids and restriction of activity. Only one participant was aware that falls risk could be reduced by carrying out exercises to improve strength and balance. Falls prevention advice was typically regarded as useful in principle but not personally relevant or appropriate. Advice about falling was often depicted as common sense, only necessary for older or more disabled individuals, and potentially patronizing and distressing. Our findings suggest that older people do not reject falls prevention advice because of ignorance of their risk of falling, but because they see it as a potential threat to their identity and autonomy. Messages that focus on the positive benefits of improving balance may be more acceptable and effective than advice on falls prevention.

The above article raises some interesting issues about the type of messages that falls prevention programs get across to older people. The authors found that older people do not tend to listen to falls prevention advice not because they are unaware of the risks, but they see it as a threat to their identity and independence. They suggest that we need to focus on the positive messages such as the benefits of improving balance rather than advice on falls prevention

Do sleep problems or urinary incontinence predict falls in elderly women?

Teo JSh, Briffa NK, Devine A, Dhaliwal SS, Prince RL,

School of Physiotherapy, Curtin University of Technology, Perth, WA, 6845.

Aust J Physiother 2006, 52(1): 19-24.

(Copyright © 2006, Australian Physiotherapy Association)

Abstract

The objectives of this cross-sectional study were: (1) To determine if night-time sleep disturbance, daytime sleepiness, or urinary incontinence were associated with an increased risk of falling in older Australian women and (2) to explore the interrelationships between

daytime sleepiness, night-time sleep problems, and urge incontinence. Participants were 782 ambulatory, community-dwelling women aged 75 to 86 recruited from within the existing Calcium Intake Fracture Outcome Study, in which women above 70 years were selected at random from the electoral roll. Daytime sleepiness, night-time sleep problems, urinary incontinence and falls data were collected via self-complete questionnaires. Thirty-five per cent of participants had fallen at least once in the past 12 months and 37.7% reported at least one night-time sleep problem. However, only 8.1% of the study sample experienced abnormal daytime sleepiness (Epworth Sleepiness Scale score > 10). Pure stress, pure urge, and mixed incontinence occurred in 36.8%, 3.7%, and 32.6% of participants respectively. In forward stepwise multiple logistic regression analysis, urge incontinence (OR 1.76; 95% CI 1.29 to 2.41) and abnormal daytime sleepiness (OR 2.05; 95% CI 1.21 to 3.49) were significant independent risk factors for falling after controlling for other falls risk factors (age, central nervous system drugs, cardiovascular drugs). As urge incontinence and abnormal daytime sleepiness were independently associated with an increased falls risk, effective management of these problems may reduce the risk of falling in older women.

Falls and health status in elderly women following first eye cataract surgery: a randomised controlled trial.

Harwood RH, Foss AJ, Osborn F, Gregson RM, Zaman A, Masud T

University Hospital, Queen's Medical Centre, Nottingham NG7 2UH, UK. Br J Ophthalmol 2005; 89(1): 53-9.

Abstract

BACKGROUND/AIM: A third of elderly people fall each year. Poor vision is associated with increased risk of falls. The authors aimed to determine if first eye cataract surgery reduces the risk of falling, and to measure associated health gain. **METHODS:** 306 women aged over 70, with cataract, were randomised to expedited (approximately 4 weeks) or routine (12 months wait) surgery. Falls were ascertained by diary, with follow up every 3 months. Health status was measured after 6 months. **RESULTS:** Visual function improved in the operated group (corrected binocular acuity improved by 0.25 logMAR units; 8% had acuity worse than 6/12 compared with 37% of controls). Over 12 months of follow up, 76 (49%) operated participants fell at least once, and 28 (18%) fell more than once. 69 (45%) unoperated participants fell at least once, 38 (25%) fell more than once. Rate of falling was reduced by 34% in the operated group (rate ratio 0.66, 95% confidence interval 0.45 to 0.96, $p = 0.03$). Activity, anxiety, depression, confidence, visual disability, and handicap all improved in the operated group compared with the control group. Four participants in the operated group had fractures (3%), compared with 12 (8%) in the control group ($p = 0.04$). **CONCLUSION:** First eye cataract surgery reduces the rate of falling, and risk of fractures and improves visual function and general health status.

These abstracts have been gathered from SafetyLit (www.safetylit.org), which publishes a weekly update on injury prevention literature and ProFaNE (Prevention of Falls Network Europe at www.profane.eu.org) which focuses on literature and resources on the prevention of falls and improvement of postural stability amongst elderly people. You can subscribe to receive the weekly updates from both of these by going to their respective websites.

The Physical Performance Test as a predictor of frequent fallers: a prospective community-based cohort study.

Delbaere K, Van den Noortgate N, Bourgois J, Vanderstraeten G, Willems T, Cambier D.

Clinical Rehabilitation, 20: 83-90, 2006

Overview of this paper by Kim Delbaere.

A fall is often the 'tip of the iceberg', caused by a complex interaction of a variety of factors. The greater the number of fall risk factors to which an individual is exposed, the greater the probability of a fall and the more likely the consequences of the fall threatening the person's independence. Early identification of elderly people with potential for falling is therefore crucial. The primary aim of this study was to investigate several identifiable and modifiable risk factors, important in the daily practice of physiotherapists, and their degree of importance in the etiology of frequent fallers over a one-year follow-up period in independent-living community-dwelling older people.

Two hundred and sixty-three community-dwelling older people, with a mean age of 72 years, were evaluated on a variety of variables, including medical, psychological, sensory, physical and postural control measurements. Fall incidence was monitored retrospectively and during a one-year follow-up period. Logistic regression analysis showed that each category of variables might be predictive for falls. Potentially important identifiable risk factors of falls were female gender, polypharmacy, visual acuity, and old age. In degree of importance, the following physiotherapeutic modifiable risk factors could be determined: increased postural sway in near-tandem stance, a bad score on the Physical Performance Test, presence of general fear of falling, inadequate anteroposterior rhythmic weight shift velocity, low hand grip strength, presence of fear-related avoidance of activities, and slow timed chair-stands. Step-by-step regression analysis revealed that the best model for the prediction of older people at risk of frequent falling was a combination of the Physical Performance Test and maximal handgrip strength.

This study confirmed that the aetiology of falls is multifactorial, since medical, sensory, psychological, postural control as well as physical variables, were all associated with frequent falls. The most critical risk factors within this study appear to be the



Kim Delbaere

physical abilities of the human body, an area in which physiotherapists have considerable expertise. The composed falls risk model, which consisted of two clinical tests, i.e. measuring physical performance and muscle strength, confirmed this and might have useful implications for the clinical practice of physiotherapists. Firstly, this profile may be informative for the examining physiotherapist as an initial screening tool for the identification of older adults at risk of frequent falling. This also determines the degree of necessary evaluation and the subsequent preventative actions that are required. Secondly, these tests provide the necessary information to construct an individually-tailored physical Intervention program.

A well-rounded exercise program should consist of balance, muscle, and endurance training. The Physical Performance Test combined with the maximal hand strength test can be used to examine the components of an exercise program by measuring general muscle strength, balance, endurance, mobility and coordination deficits in different functional tasks. The functional setting of the Physical Performance Test could be especially advantageous, as preventive exercises for older frequent fallers are recommended to be functional and useful during their performance of daily activities.

Kim Delbaere is currently a Postdoctoral Researcher supported by a grant from Ghent University, Belgium and is with the Falls and Balance Research Group at Prince of Wales Medical Research Institute, Randwick, NSW.

Conferences/Meetings

**NSW Falls Injury Prevention
Network Meeting
Thursday 25th May 2006
9:00 am to 4:00pm**

Register by May 11th

An opportunity to share about the application of the National Falls Guidelines in acute and residential care, and valuable information for those working in community settings.
Poster session to allow a showcase of falls initiatives.
Panel question and answer session.
Speakers include:

- Stephen Lord**– Best Practice Guidelines for acute and residential care.
- Jacqui Close**– Research into Practice - the challenges faced in the real world.
- Lorraine Lovitt**– NSW Health Falls Policy - where to from here?
- Jennie Yaxley**– Translation of research into practice :A Community Outreach and Assessment Program.
- Mandy Harden**– Effectiveness of a multi-factorial, evidence-based approach to Falls Reduction in Residential Aged Care Facilities.
- Nicole Nathan**– Outcomes of the Rural Falls Injury Prevention Program.



Register by May 11th

Complete the registration form and e-mail to e.vance@unsw.edu.au or FAX to (02)9399 1026

VENUE: *Mary MacKillop Place, 7 Mount St, North Sydney (up the road from NSW Health).*

COST: *\$30 per person. Pay by cheque or credit card . Arrival Tealcoffee, morning tea, light lunch and afternoon tea will be provided.*

REGISTRATION: *Please complete the attached form and e-mail to Esther at: e.vance@unsw.edu.au by 11th May 2006.*

Conferences/Meetings

NSW FALLS INJURY PREVENTION NETWORK MEETING THURSDAY 25TH MAY 2006, MARY MACKILLOP PLACE, NORTH SYDNEY 9:00am to 4:00pm

REGISTRATION FORM/TAX INVOICE - All costs include GST

ABN 94 050 110 346

PERSONAL DETAILS**SECTION 1**

Title Given Name Surname
 Department/Institute
 Address for Correspondence
 Suburb/City State Postcode
 Telephone Fax Email
 Specific Dietary Requests

REGISTRATION FEES**SECTION 2**

Registration \$30

FURTHER INFORMATION**SECTION 3**

Are you currently on the Network listserv?

Yes No

Will you be presenting a poster?

Yes No

(A poster template can be provided if required).

Will you need disabled parking?

Yes No

Do you need accommodation on 24th May (a limited number is available at Mary MacKillop Place)?

Yes No

PAYMENT OPTIONS**SECTION 4**

Australian cheque payable to *Prince of Wales Medical Research Institute*

Credit card -Visa

Credit card- American Express

Credit card -Mastercard

Credit card-Diners Club International

Card Number

Expiry Date

Name of Card Holder

Amount to charge \$

Save this document as "Your Surname_registration.doc" and send as email attachment to: e.vance@unsw.edu.au or FAX to: (02) 9399 1026. For further information contact:

Esther Vance

Project Officer

NSW Falls Injury Prevention Network

e.vance@unsw.edu.au

Falls and Balance Research Group

Ph: (02) 9399 1063

Prince of Wales Medical Research Institute

Barker St, Randwick NSW 2031

Privacy Statement: In accordance with the Privacy Amendment Act 2000 we advise that the information provided in completing the above registration form will be held in a database on a secure server by the conference secretariat for the purpose of managing the conference. It is the intention to use the information to provide a list of delegates to the organising committee, fellow delegates and sponsors.

CONFERENCES



It is my pleasure to invite you to attend the second Australian Falls Prevention Conference, to be held at the Sofitel Hotel, Brisbane, Queensland. The conference will address the important issue of falls in older people with a major emphasis on...

"Preventing falls in at-risk groups"

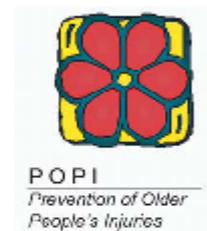
The conference includes 7 keynote speakers from Australia and abroad, free papers, poster sessions, workshops, roundtable discussions and trade exhibitions.

The Organising Committee looks forward to welcoming you to Brisbane.

Graham Kerr,
Conference Host.

session themes

- Vision Impairment
- Cognitive Impairment
- Parkinson's Disease
- Understanding Balance
- Falls risk assessment
- Exercise programs
- Compliance issues
- Fracture prevention
- Falls prevention initiatives
- Falls policy development



important dates

- Abstracts open.....10th February 2006
- Registrations open.....27th February 2006
- Abstracts close.....30th June 2006
- Notification of abstract acceptance...1st September 2006
- Early registrations close.....15th September 2006

invited speakers

- Lindy Clemson (Sydney, Australia) 'Occupational interventions for the prevention of falls'.
- Bob Cumming (Sydney, Australia) 'Interventions for preventing falls in hospitals'.
- Stephen Lord (Sydney, Australia) 'Overview of 50 RCTs on exercise for falls prevention'.
- John Wark (Melbourne, Australia) 'An update of fracture prevention strategies'.
- Graham Kerr (Brisbane, Australia) 'Falls prevention strategies for people with Parkinson's disease'.
- Clare Robertson (Dunedin, NZ) 'Falls prevention strategies for people with visual impairment'.
- Jacqui Close (Sydney, Australia) 'Falls prevention strategies for people with cognitive impairments'.

Organising Committee

G Kerr, J Wood, S Morrison, S Brauer, J Nitz
N Peel, M Bourke, P Vardon, R O'Keefe

Scientific Committee

G Kerr, J Wood, S Morrison, S Lord, J Close, R Fitzpatrick, C Sherrington, L Day
J Steele, B Cumming, I Cameron, H Menz, K Hill, L Clemson, C Vogler, D Sturnieks

for further information about the conference and abstract submissions.....

www.powmri.edu.au/AFP2006

afp06conference@qut.edu.au

ph.07 3864 2916

NSW FALLS INJURY PREVENTION NETWORK

For information, suggestions and ideas regarding the network or this newsletter, contact Esther Vance at e.vance@unsw.edu.au

www.powmri.edu.au/fallsnetwork

Network

SHARE YOUR NEWS AND INFORMATION/IDEAS ON FALLS PREVENTION

Do you have any news on Falls prevention you want to share with others on the network, or do you want to report on a project that is happening in your area, please email Esther with your information. We also welcome suggestions for articles and information you would like to see in this newsletter.

Send your information to e.vance@unsw.edu.au

THE NETWORK LISTSERV

It is great to see the increased activity on the listserv and we certainly want to promote this. To send an item to the listserv where all the members of the network can see it, send an e-mail to:

nsw-falls-network@lists.health.nsw.gov.au

You need to be a subscriber to the listserv to send an email that will be distributed to all members on the listserv. Remember to put a short description in the subject line.

**FALLS NETWORK MEETING ,
25th MAY 2006, Mary MacKillop
Place North Sydney- more details
on pages 5-6.**

NSW FALLS INJURY PREVENTION NETWORK BACKGROUND

The NSW Falls Injury prevention network has existed since 1993. The role of this network has grown since its inception and now includes:

- Meetings for discussion of falls related issues;
- Dissemination of research findings both local and international;
- Sharing resources developed and exploration of opportunities to combine resources in joint initiatives;
- Encouragement of collaborative projects and research;
- To act as a lobby group to influence policy;
- To liaise with NSW Health to provide information on current State/ Commonwealth issues in relation to falls and
- Maintenance of resources pertinent to the field

The main purpose of the network is to share knowledge, expertise, and resources on falls injury prevention for older people.

The NSW Falls Injury Prevention Network activities are part of the implementation of the NSW Falls Policy funded by NSW Health

Information

JOINING THE NETWORK

To join the NSW Falls Injury Prevention Network listserv :

- Send an email to : majordomo@lists.health.nsw.gov.au
- In the body of the message type : **subscribe nsw-falls-network**
- Do not put anything in the subject line;
- Do not put anything else in the body of the message including your signature. If your signature is automatically added every time you send an email you will need to turn this off;
- You will receive an e-mail from the listserv to say you have been successful in joining and giving instructions on how to send e-mails to the listserv.
- To unsubscribe send an e-mail to the above address and in the body of the message write **unsubscribe nsw-falls-network**

If you have any problems contact Esther at e.vance@unsw.edu.au.