WELCOME

Welcome to our Winter issue of Falls Links
On Wednesday 4th June we had a very successful NSW Falls Prevention Network Meeting with around 200 health professionals in attendance. Meeting highlights included the world premier of the ProFaNE Clinical Assessment Tool (CAT) website, our budding actors presenting an interactive case scenario and Sally Castell testing our balance and teaching us some new dance moves. We would like to acknowledge our Queensland guests Dr Nancye Peel and Ms Kate Smith who provided us with information on the development of the Queensland Stay On Your Feet® Community Good Practice Guidelines and Toolkit.
A report and pictures from the meeting are on pages 2-5. Presentations from the Network Meeting are available on our website.

2008 NSW Falls Prevention Network Meeting

Learning some new dance moves from Sally Castell
2008 NSW Falls Prevention Network Meeting

Professor Stephen Lord – Falls in Older people - Recent Studies on Assessment and Interventions
This presentation reviewed recent studies on risk assessment in hospitals and residential aged care facilities, systematic reviews of single and multifactorial interventions and physical activity and falls.

Contact e-mail: s.lord@powmri.edu.au

Dr Jacqueline Close – ProFaNE Work Packages update
This presentation provided an update on the work packages being developed by ProFaNE in particular Work Package 2 which is concerned with the development of a set of recommendations on clinical assessment and interventions to prevent falls. The Clinical assessment Tool (CAT) can be accessed at:

http://www.profane.eu.org/CAT/

Lorraine Lovitt & Ingrid Hutchinson – CEC Falls Prevention Trigger DVD
The Australian Safety and Quality Council (2005), Preventing falls and harm from falls in older people in hospital and residential care: best-practice guidelines, known as “the green box”, are being implemented in all hospitals across NSW. The Green Box outlines falls prevention research evidence and good practice tips; there is an implementation guide and a quick reference guide. To encourage health staff in the implementation of falls prevention initiatives, an engaging DVD and support material for use in staff education has been developed.

The Trigger DVD highlights 4 common fall events in hospital, a post fall management plan and then an alternative approach to preventing the fall. It is recognised that not all fall scenarios are covered in this DVD. The purpose of this DVD is to provide an opportunity for staff to discuss common fall events that occur on their wards and for them to take ACTION to prevent them. A sample of the DVD was shown.

Contact e-mail: Lorraine.Lovitt@cec.health.nsw.gov.au,
Ingrid.Hutchinson@cec.health.nsw.gov.au

Dr Jacqueline Close, Paul Craig and Team from Prince of Wales Hospital- Cognitive Impairment Case Scenario
This case scenario based on an actual patient followed the patient who presented with a fall to the ED, through admission and transfer to wards and highlighted issues such as identification and communication of falls risk, management of cognitively impaired patients, strategies to prevent in-patient falls, post fall management, and strategies for community care of cognitively impaired people.

From l to r Morag Taylor, Dr Jacqueline Close, Paul Craig, Di McCarthy, Susie Perrott, Sally-Anne Ehms, Cherie Hooker and Cathie Riches.
Dr Nancye Peel & Kate Smith – Stay on Your Feet® Community Good Practice Guidelines and Toolkit

There is a consensus among those who work in the field of falls prevention that the time has come to implement what is already well known. However, significant resources are required to address falls prevention across the health continuum. This presentation discussed current fall prevention activities that are being progressed in Queensland statewide including the development of the Queensland Stay On Your Feet® Community Good Practice Guidelines and the Queensland Stay On Your Feet® Community Good Practice Toolkit.

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Sally Castell – Aware, Alert & Active: Community Falls Prevention Exercise Programs

There are many issues and factors that need to be taken into consideration in relation to community falls prevention exercise programs as one program does not and should not suit all. As a result from all the research conducted on falls prevention many different training programs have been developed and are conducted by different personnel within different organisations.

Two key issues that need consideration in order to provide sustainable opportunities for life-long involvement in appropriate Physical Activity are by:

- having good and appropriate infrastructures with sufficient trained personnel to conduct the programs
- providing ongoing programs that are accessible, financially reliable, relevant, realistic, and in context to individuals' needs and abilities within their own community setting.

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Merrin Moran – The St George Hospital's Strengthening for Over 60's Program in Wagga Wagga

In 2002 working as a sole therapist, the idea of establishing group programs rather than the conventional 1:1 intervention evolved. This enabled the physiotherapy service to be available to a larger target group and was a way of improving the efficiency of a finite resource. This presentation explained the design, implementation and evaluation process, and barriers and difficulties overcome along the journey. The aim was to present from the physiotherapist's perspective emphasizing the benefits for a sole therapist and providing a rough guide to implementing the program into current work practice.

Contact e-mail: merrin.moran@gsahs.health.nsw.gov.au
Bharat Nepal - Theory into Practice - Getting people moving in a Multicultural Day Care Centre

Preventing falls in older people is a NSW Health priority. While it is well recognised that physical activities incorporating strength and balance, such as Tai Chi, can reduce falls risk, engaging older culturally and linguistically diverse populations in regular physical activity continues to pose a challenge.

The aim of this pilot project was to reduce sedentary behaviour and increase physical activity participation of older, frailer, disadvantaged adults in one multicultural day care centre. The project is based on the NSW Health Capacity Building Framework, which includes partnerships, workforce development, resources and organisational support.

Method

A partnership was formed between the multicultural day care centre, the Health Promotion and Multicultural Health Services of South Eastern Sydney Illawarra Health to conduct the project. The majority of staff and clients agreed to participate. Care workers at the centre were trained to deliver an evidence-based Tai Chi program and were provided with on-going mentoring by trainers. Care workers received a hand book and DVD. Changes were made to the centre to ensure a safe environment for practising Tai Chi. Delivery of Tai Chi was incorporated into the job descriptions of care workers as part of their normal duties. Participation in the program was included in the care plans of clients at no cost to them.

Results

Tai Chi groups have been held at the centre since July 2007. Currently 12-14 weekly classes of between 30-45 minutes duration are delivered to a variety of language groups. Preliminary findings suggest that the program is well accepted by participants and staff and structures have been implemented to ensure sustainability.

Conclusion

This sustainable project could be replicated in similar organisations, given a similarly committed partnership.


Dr Anne Tiedemann - Falls Risk Assessment with Community-dwellers- what, where and how?

Risk assessment is the first step in identifying high risk people and those who are most likely to benefit from an intervention program aimed at reducing falls in older people. With the multitude of screening and assessment tools available it is often difficult to decide which one is best for a particular setting and client population. This presentation aimed to make this task clearer by summarising the research evidence regarding different falls risk assessments and providing suggestions as to their utility for different settings and purposes.

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Copies of presentations from this meeting are available on our website at:

http://www.powmri.edu.au/fallsnetwork
2008 NSW FALLS PREVENTION NETWORK MEETING
**BALANCE ASSESSMENT**

Balance impairment not predictive of falls in geriatric rehabilitation wards.


Affiliation: School of Physiotherapy and Exercise Science, Griffith University, Gold Coast Campus, PMB 50, Gold Coast Mail Centre, QLD 9726, Australia. s.kuys@griffith.edu.au.

**BACKGROUND:** Falls are common among hospital inpatients, particularly in rehabilitation wards. Standing balance impairment is widely held to be a contributing factor to falls, is a component of several falls risk screening tools, and has motivated the development of balance retraining programs for the reduction of in-hospital falls. Little rigorous investigation of the link between standing balance impairment and in-hospital falls has been undertaken.

**METHODS:** We identified optimal cut-off points of four commonly used balance measures (functional reach, Timed Up and Go, step test, and timed static stance) in a prospective multicenter cohort study. Admission data (n = 1373) were clustered and matched by center then randomly allocated to development and validation data sets.

**RESULTS:** Optimal cut-off points for each test were identified from the development data set. The predictive accuracy of all four balance tests was poor when the optimal cut-off was applied to the validation data set (Youden Index scores ranged between 0.02 and 0.15).

**CONCLUSIONS:** These findings do not support an association between admission standing balance and falls in a geriatric rehabilitation setting. This result has implications for content of falls risk screening tools and interventions to prevent falls in a geriatric rehabilitation population.

(© 2008, Gerontological Society of America)

**Visual Impairment and Postural Sway among Older Adults with Glaucoma**


Affiliation: School of Optometry and Institute of Health and Biomedical Innovation, Queensland University of Technology, Brisbane, Queensland, Australia.

**PURPOSE:** To investigate the effect of visual impairment on postural sway among older adults with open-angle glaucoma.

**METHODS:** This study included 54 community-dwelling participants with open-angle glaucoma, aged 65 and older. Binocular visual field loss was estimated from merged monocular Humphrey Field Analyzer visual field results and retinal nerve fiber layer (RNFL) thickness was obtained from the Stratus Optical Coherence Tomographer. Postural sway was measured under four conditions: eyes open and closed, on a firm, and a foam surface. Data were collected for additional vision measures (visual acuity and contrast sensitivity), physical performance measures (self-reported physical activity levels and 6-min walk test), and demographic measures (age, gender, body mass index, and medical history). Multivariate linear regressions, adjusting for confounding factors, were performed to determine the association between visual loss and postural sway.

**RESULTS:** Participants with greater binocular visual field loss or thinner RNFL thickness showed increased postural sway, both on firm and foam surfaces, independent of age, gender, body mass index, and physical performance levels. These visual loss measures were significant predictors of postural sway, explaining almost 20% of its variance on the foam surface. Furthermore, participants with greater inferior hemifield visual field loss showed increased postural sway on the foam surface. Increasing glaucomatous visual impairment was accompanied by a steady decrease of the visual contribution to postural control.

**CONCLUSION:** Among older adults with glaucoma, greater visual field loss or thinner RNFL thickness is associated with reduced postural stability. This postural instability may be contributing factor in the increased risk of falls among older adults with glaucoma.

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**BIOMECHANICS**

Muscle and bone health as a risk factor of fall among the elderly. Biomechanics of falling and fall-related fracture.


Affiliation: Mimaki Onsen Clinic.

**ABSTRACT:** Simulation of fall can predict the fall direction, impact load and location. This is effective measure for preventing falls in the elderly. Also, the 3D-finite element analysis used in measuring by micro CT, allows one to estimate bone strength and quality without numerous and expensive fracture testing of real human bones. Muscle and bone health as a risk factor of fall among the elderly. Epidemiology of falls and fractures. (© 2008, Iyanku Journal Company)
EPIDEMIOLOGY AND RISK FACTORS FOR FALLS

Knowledge of osteoporosis risk factors and prevalence of risk factors for osteoporosis, falls, and fracture in functionally independent older adults.
Burke-Doe A, Hudson A, Werth H, Riordan DG.
Affiliation: University of St. Augustine for Health Science at San Diego, San Diego, CA 92127, USA. aburkedoe@usa.edu

PURPOSE: This study had three goals: (1) to assess knowledge of osteoporosis risk factors, (2) to determine the prevalence of risk factors for osteoporosis, falls, and fractures, and (3) to ascertain the relationship between knowledge and prevalence of osteoporosis risk factors in affluent independent community-dwelling aging adults.

METHODS: Forty-nine individuals over the age of 50 years completed a series of questionnaires and clinical testing procedures to identify osteoporosis knowledge, fall and fracture risk factors.

RESULTS: Positive correlations were found between greater knowledge of osteoporosis risk factors and confidence in performing activities of daily living ($r=0.32, p=0.05$), better static and dynamic balance ($r=0.42, p=0.01$) and greater lower extremity strength ($r=0.33, p=0.05$). Despite these correlations 64% of participants had less than 50% correct responses related to osteoporosis knowledge. The average number of risk factors was 5.5 with many participants having modifiable risk factors including inadequate calcium and vitamin D intake and limitations in agility, balance, strength and flexibility.

CONCLUSIONS: Participants with increased knowledge of risk factors presented with increased confidence performing activities of daily living, greater lower extremity strength and lower fall risk. Knowledge of disease processes, risk factors and strategies for prevention and management may improve patient compliance for behavioral changes necessary in successful participatory management.

Recurrent Falls and Dual Task-Related Decrease in Walking Speed: Is There a Relationship?
Beauchet O, Annweiler C, Allali G, Berrut G, Herrmann FR, Dubost V
Affiliation: Department of Geriatrics, Angers University Hospitals, Angers, France

OBJECTIVES: To determine whether dual task-related changes in walking speed were associated with recurrent falls in frail older adults.

DESIGN: Twelve-month prospective cohort study.

SETTING: Thirteen senior housing facilities.

PARTICIPANTS: Two hundred thirteen subjects (mean age 84.4+/−5.5).

MEASUREMENTS: Usual and dual-tasking walking speeds (m/s) were calculated on a 10-m straight walkway at baseline. Information on incident falls during the follow-up year was collected monthly, and participants were divided into three groups based on the occurrence of falls (0, 1, and $>/=2$). Recurrent falls were defined as two or more falls during the 12-month follow-up period.

RESULTS: Twenty subjects (9.4%) were classified as recurrent fallers. The occurrence of recurrent falls was associated with age (crude odds ratio (OR)=1.11, P=.02), number of drugs (crude OR=1.28, P=.002), and walking speed under both walking conditions (crude OR=0.96, P=.002 for usual walking and crude OR= 0.60, P=.005 for walking while counting backward). Multiple Poisson regression showed that only walking speed while dual tasking and number of drugs were associated with incident falls (incident rate ratio (IRR)=0.84, P=.045 and IRR=1.10, P=.004).

CONCLUSION: Slower walking speed while counting backward was associated with recurrent falls, suggesting that changes in gait performance while dual tasking might be an inexpensive way of identifying frail older adults prone to falling.

Falls and the physical environment: a review and a new multifactorial falls-risk conceptual framework.
Feldman F, Chaudhury H.

Affiliation: School of Kinesiology, Simon Fraser University, Vancouver, BC, Canada. ffeldman@sfu.ca

BACKGROUND: Fall-related injuries result in significant physical and psychological suffering to the affected individuals. The physical environment is considered to have an important role in falls.
PURPOSE: To conduct an extensive review of and synthesize related literature, and to develop a conceptual framework to explain the relationship among falls, the physical environment, and older adults.

METHODS: Review of the literature was conducted to examine: (a) link between environmental hazards and falls, (b) efficacy of home-modification interventions, and (c) role of the physical environment in falls of people with cognitive impairment.

RESULTS: A strong link between environmental hazards and the risk of falls has yet to be established. A conceptual framework is presented that proposes that an individual's risk for falls can be determined by the interaction of three main factors: mobility, risk-taking behaviour, and physical environment.

IMPLICATIONS: Environmental interventions should be combined with other interventions such as exercise programs and education.

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Prognostic validity of the Timed Up-and-Go test, a modified Get-Up-and-Go test, staff's global judgement and fall history in evaluating fall risk in residential care facilities.

Nordin E, Lindelöf N, Rosendahl E, Jensen J, Lundin-Olsson L.


Affiliation: Department of Community Medicine and Rehabilitation, Physiotherapy, Umeå University, SE-901 87 Umeå, Sweden.

OBJECTIVES: to evaluate and compare the prognostic validity relative to falls of the Timed Up-and-Go test (TUG), a modified Get-Up-and-Go test (GUG-m), staff's judgement of global rating of fall risk (GLORF) and fall history among frail older people.

DESIGN: cohort study, 6-month prospective follow-up for falls. Participants: 183 frail persons living in residential care facilities in Sweden, mean age 84 years, 73% women.

METHODS: the occurrence of falls during the follow-up period were compared to the following assessments at baseline: the TUG at normal speed; the GUG-m, a rating of fall risk scored from 1 (no risk) to 5 (very high risk); the GLORF, staff's rating of fall risk as 'high' or 'low'; a history of falls in the previous 6 months. These assessment tools were evaluated using sensitivity, specificity and positive and negative likelihood ratios (LR(+) to rule in and LR(-) to rule out a high fall risk).

RESULTS: 53% of the participants fell at least once. Various cut-off values of the TUG (12, 15, 20, 25, 30, 35, 40 s) and the GUG-m showed LR(+) between 0.9 and 2.6 and LR(-) between 0.1 and 1.0. The GLORF showed an LR(+) of 2.8 and an LR(-) of 0.6 and fall history showed an LR(+) of 2.4 and an LR(-) of 0.6.

CONCLUSIONS: In this population of frail older people, staff judgement of their residents' fall risk as well as previous falls both appear superior to the performance-based measures TUG and GUG-m in ruling in a high fall risk. A TUG score of less than 15 s gives guidance in ruling out a high fall risk but insufficient information in ruling in such a risk. The grading of fall risk by GUG-m appears of very limited value.

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INTERVENTION STUDIES

Prevention of Falls in Nursing Homes: Subgroup Analyses of a Randomized Fall Prevention Trial.

Rapp K, Lamb SE, Büchele G, Lall R, Lindemann U, Becker C.


Affiliation: Department of Clinical Gerontology, Robert-Bosch Hospital, Stuttgart, Germany.

OBJECTIVES: To evaluate the effectiveness of a multifactorial fall prevention program in pre-specified subgroups of nursing home residents.

DESIGN: Secondary analysis of a cluster-randomized, controlled trial.

SETTING: Six nursing homes in Germany.

PARTICIPANTS: Seven hundred twenty-five long-stay residents; median age 86; 80% female.

INTERVENTION: Staff and resident education on fall prevention, advice on environmental adaptations, recommendation to wear hip protectors, and progressive balance and resistance training.

MEASUREMENTS: Time to first fall and the number of falls. Falls were assessed during the 12-month intervention period. Univariate regression analyses were performed, including a confirmatory test of interaction.
RESULTS: The intervention was more effective in people with cognitive impairment (hazard ratio (HR)=0.49, 95% confidence interval (CI)=0.35-0.69) than in those who were cognitively intact (HR=0.91, 95% CI=0.68-1.22), in people with a prior history of falls (HR=0.47, 95% CI=0.33-0.67) than in those with no prior fall history (HR=0.77, 95% CI=0.58-1.01), in people with urinary incontinence (HR= 0.59, 95% CI=0.45-0.77) than in those with no urinary incontinence (HR=0.98, 95% CI= 0.68-1.42), and in people with no mood problems (incidence rate ratio (IRR)= 0.41, 95% CI=0.27-0.61) than in those with mood problems (IRR=0.74, 95% CI= 0.51-1.09).

CONCLUSION: The effectiveness of a multifactorial fall prevention program differed between subgroups of nursing home residents. Cognitive impairment, a history of falls, urinary incontinence, and depressed mood were important in determining response.

Tai chi and falls prevention in older people.

Affiliation: Exercise Science, Sports Medicine, Willamette University, Salem, Oreg., and Oregon Research Institute, Eugene, Oreg., USA.

Background: Considerable research evidence has been accumulated since 1990 that practicing Tai Chi can ameliorate multiple characteristics in older adults that place them at increased risk of falling, including poor balance, loss of strength, limited flexibility, and fear of falling. However, relatively few studies have directly examined the influence of Tai Chi practice on falls in this population.

Results: Nine randomized controlled trials utilizing Tai Chi (n = 6), or Tai Chi-inspired exercise (n = 3), were published between 1996 and July, 2007. The studies varied considerably on study settings, participant characteristics, sample size, type of Tai Chi intervention, length of intervention and quality of the study design. Of the six studies that used Tai Chi forms, three showed significant improvement in fall-related outcomes. One study using Tai Chi-inspired exercise also had a significant fall-related outcome.

Conclusion: Despite the evidence demonstrating the beneficial influence of Tai Chi practice on known risk factors for falling in older adults, evidence indicating an actual impact on falls-related outcomes is equivocal. More large-scale, longitudinal studies with consistent intervention parameters and clinically meaningful outcome variables are needed to clarify the role of Tai Chi in effective falls prevention programs. The recent development of a standardized, research-to-practice Tai Chi falls prevention program may be an important step in this process.

Translation of an Effective Tai Chi Intervention Into a Community-Based Falls-Prevention Program.

Affiliation: Oregon Research Institute.

Tai Chi-Moving for Better Balance, a falls-prevention program developed from a randomized controlled trial for community-based use, was evaluated with the RE-AIM framework in 6 community centers. The program had a 100% adoption rate and 87% reach into the target older adult population. All centers implemented the intervention with good fidelity, and participants showed significant improvements in health-related outcome measures. This evidence-based tai chi program is practical to disseminate and can be effectively implemented and maintained in community settings.

Cluster Randomised trial of a targeted multifactorial intervention to prevent falls among older people in hospital.

Cumming RG, Sherrington C, Lord SR, Simpson JM, Vogler C, Cameron ID, Naganathan V, BMJ. 2008 Mar 10:
OBJECTIVE: To determine the efficacy of a targeted multifactorial falls prevention programme in elderly care wards with relatively short lengths of stay.

DESIGN: Cluster randomised trial.

SETTING: 24 elderly care wards in 12 hospitals in Sydney, Australia.

PARTICIPANTS: 3999 patients, mean age 79 years, with a median hospital stay of seven days.
INTERVENTIONS: A nurse and physiotherapist each worked for 25 hours a week for three months in all intervention wards. They provided a targeted 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 for selected patients.

MAIN OUTCOME MEASURE: Falls during hospital stay.

RESULTS: 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 difference was found in fall rates during follow-up between intervention and control wards: respectively, 9.26 falls per 1000 bed days and 9.20 falls per 1000 bed days (P=0.96). The incidence rate ratio adjusted for individual lengths of stay and previous fall rates in the ward was 0.96 (95% confidence interval 0.72 to 1.28).

CONCLUSION: A targeted multifactorial falls prevention programme was not effective among older people in hospital wards with relatively short lengths of stay. Trial registration Australian New Zealand Clinical Trials Registry ACTRN12605000467639. PMID: 18332052


BACKGROUND: Withdrawal of fall-risk-increasing drugs has been proven to be effective in older persons. However, given the enormous rise in healthcare costs in recent decades, the effect of such withdrawals on healthcare costs also needs to be considered.

METHOD: Within a common geriatric outpatient population, patients with a history of falls were assessed for falls risk (n = 139). Fall-risk-increasing drugs were withdrawn when appropriate (n = 75). All participants had a 2-month follow-up for fall incidents. The number of prevented falls was calculated using a loglinear regression model. The savings on health expenditures as a result of prevented injuries (estimated from a literature review) and reduced consumption of pharmaceuticals were compared with the intervention costs.

RESULTS: After adjustment for confounders, drug withdrawal resulted in a falls risk reduction of 0.89 (95% CI 0.33, 0.98) per patient compared with the non-withdrawal group. Net cost savings were euro1691 (95% CI 662, 2181) per patient in the cohort. This resulted in a cost saving of euro491 (95% CI 465, 497) per prevented fall.

CONCLUSION: Withdrawal of fall-risk-increasing drugs generates significant cost savings. Extrapolation of these findings to a national scale results in an estimated reduction of euro60 million in healthcare expenditures, that is, 15% of fall-related health costs.

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REVIEWS


BACKGROUND: Around one-fourth of all falls in healthcare settings are falls from bed. The role of bedrails in falls prevention is controversial, with a prevailing orthodoxy that bedrails are harmful and ineffective.

OBJECTIVE: To summarise and critically evaluate evidence on the effect of bedrails on falls and injury

DESIGN: Systematic literature review using the principles of QuoRoM guidance.

SETTING and SUBJECTS: Adult healthcare settings

REVIEW METHODS: Using the keyword, bedrail, and synonyms, databases were searched from 1980 to June 2007 for direct injury from bedrails or where falls, injury from falls, or any other effects were related to bedrail use.

RESULTS: 472 papers were located; 24 met the criteria. Three bedrail reduction studies identified significant increases in falls or multiple falls, and one found that despite a significant decrease in falls in the discontinue-bedrails group, this group remained significantly more likely to fall than the continue-bedrails group; one case-control study found patients who had their bedrails raised significantly less likely to fall; one retrospective survey identified a significantly lower rate of injury and head injury in falls with bedrails up. Twelve papers described direct injury from bedrails.
DISCUSSION: it is difficult to perform conventional clinical trials of an intervention already embedded in practice, and all included studies had methodological limitations. However, this review concludes that serious direct injury from bedrails is usually related to use of outmoded designs and incorrect assembly rather than being inherent, and bedrails do not appear to increase the risk of falls or injury from falls. (Copyright © 2008, Oxford University Press)

A systematic review of older people’s perceptions of facilitators and barriers to participation in falls-prevention interventions
Frances Bunn\textsuperscript{a1}, Angela Dickinson\textsuperscript{a1}, Elaine Barnett-Page\textsuperscript{a1}, Elizabeth McInnes\textsuperscript{a2} and Khim Horton\textsuperscript{a3}

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Ageing and Society (2008), 28:449-472

ABSTRACT
The prevention of falls is currently high on the health policy agenda in the United Kingdom, 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 participation in, or adherence to, falls-prevention strategies. Twenty-four 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. (Copyright © Cambridge University Press 2008)

WEBSITES and REPORTS:
New on ProFaNE: The Clinical Assessment Tool (CAT) is now available at http://www.profane.eu.org/CAT/ This tool is designed for health professionals involved in the assessment and intervention of older people at risk of falling. This product was developed by a group of experts in falls prevention through meetings and incorporating systematic reviews and clinical reviews of information. This tool is intended to be used as a practical tool which can be easily applied in the clinical setting and provides not only the evidence to support a particular tool or intervention but also the information on “how to do it”. The CAT© and any part thereof may be used for clinical and educational non-commercial purposes only.

WHO Global report on Falls Prevention in Older people
The report includes international and regional perspectives and evidence-based recommendations. The report is based on the following background papers prepared by internationally recognized experts:

- Epidemiology of falls in old age
- Biological, Medical and Behavioural risk factors on falls
- Environmental and socioeconomic risk factors on falls
- Health service impact and cost of falls
- Interventions, policies and sustainability of Falls prevention
- Role of physical activities in falls prevention

Regional/National perspectives on Falls Prevention in Older Age from each of the regional offices are also included.
New from the AIHW website:

Residential aged care in Australia 2006-07: a statistical overview provides comprehensive statistical information on residential aged care homes and their residents. The report contains information on the capacity of residential aged care homes, their residents and resident characteristics, levels of dependency among residents, and admissions and separations. The report will be particularly useful to aged care service planners, providers of aged care services, and researchers in the field. The report is available at: http://www.aihw.gov.au/publications/index.cfm/title/10589

Rural Health Education Foundation

Free DVD/video on Another Shade of Blue: Depression in Older Adults is available now at the above web address. This program aims to provide information to rural health professionals on best practice multi-disciplinary interventions for depression in older Australians, including older Indigenous Australians and older people from culturally and linguistically diverse backgrounds. It will assist health professionals to challenge some of the myths and promote a better understanding of depression to older people in their practice settings. It will encourage health professionals to promote a healthy and active lifestyle and a positive approach to ageing.

Australian Commission on Safety and Quality in Healthcare

Preventing falls and harm from falls in older people: Best practice guidelines for Australian hospitals and residential aged care facilities
A second edition, with updated URLs and a new design, was released in May 2008.

The guidelines are designed to inform clinical practice and assist hospitals and residential aged care facilities develop and implement practices to reduce falls and the harm sustained in falls.

Currently the Commission is reviewing the Falls Prevention Guidelines to incorporate the latest evidence and practice. The reviewed guidelines are expected to be available in early 2009.

Technology Research for Independent Living (TRIL)
http://www.trilcentre.org/

The TRIL Centre is a coordinated collection of research projects addressing the physical, cognitive and social consequences of ageing, all informed by ethnographic research and supported by a shared pool of knowledge and engineering resources.

One of the projects is the Falls Biosignals Project which is an integrated multisystem approach to the early detection of postural and neurocardiovascular instability. The key objective is to enable prediction and prevention of falls and blackouts through measurement of neurophysiological, behavioural and cardiac responses in the real-world environment. Further information available at: http://www.trilcentre.org/falls_prevention/falls_biosignals_project.562.431.html
Transition Care Forum

10 & 11 September 2008

A Transition Care Forum will be held immediately after the ANZSGM conference at the Crown Casino Complex in Melbourne, Victoria. The NH&MRC awarded a 5 year Strategic Initiative Grant to a group of senior researchers from New South Wales, South Australia and Queensland to address key questions surrounding transition services and service integration.

Forum Topics
- Care Integration: International Trends and Australia
- Evaluation of the Australian Transition Care Program
- Aged Care Providers Perspectives
- Transition Care: Australian Government Policy Development
- Consumer Perspectives on Transition Care: Issues from the Older Person’s Perspective
- Unanswered Service Provision Issues
- Remaining Policy Issues
- Health Economic Issues
- State Reports on Transition Care Implementation and Service Provision

International Keynote Speakers

Howard Bergman MD - the first Dr. Joseph Kaufmann Professor of Geriatric Medicine and Director Division of Geriatric Medicine at McGill University

Steven R. Counsell MD - the Mary Elizabeth Mitchell Professor of Geriatrics and founding Director of the Indiana University Geriatrics Program. 2008 Packer Policy Fellow

Research Institutions
- The University of Sydney
- Flinders University
- University of Queensland

Funded by a Strategic Initiative Grant awarded by the National Health and Medical Research Council

10 September
1pm to 5pm
Crown Casino
11 September
9am to 1.30pm
Crown Towers

Early Bird Registration
$50 up to 31 July 2008

To register or for further information
Phone: +61 2 9808 9236
Fax: +61 2 9809 9037
Email: akayaian@med.usyd.edu.au
Website: www.rehab.med.usyd.edu.au/tie
Call for Abstracts

3rd Australian and New Zealand Falls Prevention (ANZFP) Conference

The Australian and New Zealand Falls Prevention Society is hosting the 3rd Falls Prevention Conference at the Grand Hyatt Melbourne from the 12 – 14 October 2008. The theme of the conference is ‘Back to winners in falls prevention’ and builds on previous successful conferences in 2004 and 2006. The conference will showcase the latest research outcomes, program implementation, training, and policy and planning innovations in falls prevention in Australia, New Zealand and internationally. The conference will be complemented with a number of practical workshops to support skill development and training in key areas of successful falls prevention implementation.

The conference will take place at the Grand Hyatt Melbourne located in the heart of Melbourne’s central business, shopping, theatre and restaurant district. Melbourne, Victoria is recognised as a dynamic, exciting city where innovation and heritage mix comfortably to reflect Australia’s most cosmopolitan lifestyle. We look forward to welcoming you to share the high quality scientific and social program, and take the opportunity to visit some of the tourist attractions while in Melbourne.

INVITATION

The Australian and New Zealand Falls Prevention Society invite you to participate in this exciting conference, as a delegate or presenter. The conference expects to attract over 450 participants from a broad multidisciplinary range of backgrounds, from all over Australia, New Zealand, and elsewhere overseas. The program will address key issues in successful falls prevention activities in the community, hospital and residential care settings, from policy and planning, implementation issues, through to large scale rigorous randomised controlled trials.

Conference themes include:
- Understanding balance
- Risk assessment across the continuum
- Prevention initiatives – community
- Prevention initiative – hospital
- Prevention initiatives – residential care
- Translating the research evidence into practice
- High risk clinical groups
- Cognitive impairment, falls risk, and management
- Education

www.anzfpconference.com
**NSW FALLS PREVENTION NETWORK BACKGROUND**

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

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**JOINING THE NETWORK**

To join the NSW Falls Prevention Network listserv:
- Send an email to:
  majordomo@lists.health.nsw.gov.au
- In the body of the message type **subscribe nsw-falls-network** on the next line type **end**
- Do not put anything in the subject line
- You will receive an e-mail to confirm you have been added 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** on the next line type **end**

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

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**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@powmri.edu.au

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**THE NETWORK LISTSERV**

It is great to see the increased activity on the listserv and want to continue to promote this. To send an item to the listserv where all members of the network can see it, send an email 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 of the on the listserv. Remember to put a short description in the subject line.

Recently some posts to the listserv have bounced due to email address changes in the area health services, you need to re-subscribe with your new e-mail address and unsubscribe from your old address following the Join the Network instructions as...