



# FALLS LINKS

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2009

## WELCOME

Welcome to our third issue for 2009.

A very successful 2009 NSW Falls Prevention Network Meeting was held on Wednesday 17th June at the Matthews Theatres and Pavilions, University of NSW with almost 200 participants, from hospitals, community services, residential aged care facilities, local government and the community. A report with abstracts begins on Page 2. Copies of the presentations are available on our website, at <http://www.powmri.edu.au/fallsnetwork>

Recent abstracts from the literature on falls prevention begin on page 11 and include, reviews, epidemiology and risk factors for falls and intervention studies.

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## 2009 NSW FALLS PREVENTION NETWORK MEETING



**Professor Stephen Lord, Ms Lorraine Lovitt and Dr John Ward after the special presentation to honour Stephen and John's long standing contribution to the NSW Falls Prevention Network**

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**2009 NSW FALLS PREVENTION NETWORK MEETING**
**ABSTRACTS****Prof Kaarin Anstey, Australian National University***Psychological factors that influence falls risk: implications for prevention*

In addition to age-related changes in sensorimotor function, the importance of psychological factors are increasingly recognised as influencing falls risk. In this paper results of two studies examining psychological predictors of falls were presented.

The Australian Longitudinal Study of Ageing examined falls in community dwelling older adults over a period of 8 years. We used multilevel models to evaluate measures of cognitive function and wellbeing, as predictors of falling. The measures of wellbeing included depression, sense of control and morale.

Results showed that all baseline aspects of psychological health were associated with subsequent fall risk, after adjusting for several medical conditions and sensorimotor function including balance. An increase in depressive symptoms and reduction in morale longitudinally were also associated with increasing risk of falling over time.

In a second study of over 650 older adults, we investigated the specific cognitive mechanism that indicates fall risk. It was found that while single fallers did not differ in typical measures of cognitive function, they showed deficits in executive control tasks. This suggests that age-related changes to the frontal lobe in normal ageing, may lead to very subtle cognitive change that increases fall risk.

In conclusion, a range of psychological factors have now been associated with fall risk in older adults. There is a need to incorporate psychological measure in falls risk assessment. The implications of these findings for prevention of falls in older adults will be discussed.

**Professor Kaarin Anstey is Director of the Ageing Research Unit at the Centre for Mental Health Research, Australian National University (ANU).** Prof Anstey leads a team of researchers who work on epidemiological studies focussing on cognitive decline, mild cognitive impairment, dementia, mobility and mental health in late life. Prof Anstey is the Principal investigator on the DYNOPTA project which involves pooling nine Australian Longitudinal Ageing studies to develop models of ageing that will inform the compression of morbidity. She is also the Principal investigator on a large project on hazard perception and cognitive ageing in older drivers, and leads the PATH Through Life Project, an epidemiological study of mental health and cognition based at the ANU. Prof Anstey is a member of the Medical and Scientific Panel of Alzheimer's Australia Research, and on the editorial boards of Ageing, Neuropsychology and Cognition, Ageing International, Gerontology, and Journals of Gerontology: Psychological Science.

**Contact e-mail: [kaarin.anstey@anu.edu.au](mailto:kaarin.anstey@anu.edu.au)**

**A/Prof Lindy Clemson, University of Sydney**  
*Empowering older people to prevent falls*

Working with older people to prevent falls also requires an understanding of key concepts that enable people to become more aware, make decisions to change lifelong habits and incorporate and sustain changes over time. This presentation explored some of these concepts- empowerment, enablement, exerting control, efficacy beliefs, decision making and how we might use them in falls prevention. The research and experiences of Stepping On, a group based preventive program and LiFE, an individualised program to incorporate balance and strength training into daily activities, were used to provide examples.



**Lindy Clemson is an Associate Professor in Ageing and Head of Discipline (Occupational Therapy) in the Faculty of Health Sciences, University of Sydney.**

She is a specialist in public health research and an occupational therapist with a PhD in epidemiology. Her specific focus is on the physical environment, functional capacity and adaptation, daily life activity, enabling participation and preventing falls with older people. Lindy has over 40 publications, with more than half of these on falls prevention, and has produced several practical manuals providing frameworks for practice.

**Contact e-mail: [L.Clemson@usyd.edu.au](mailto:L.Clemson@usyd.edu.au)**

**Dr John Ward, Hunter New England Area Health Service**

***Prevention of falls in residential aged care: randomised trial of a project officer to assist aged care facilities to implement best practice strategies***

**Objective:** To test the effectiveness of a full-time project officer to assist residential aged care facilities to utilise evidence-based approaches to falls injury prevention.

**Design setting and participants:** Randomised controlled trial involving 5,391 residents in 82 aged care facilities in the Hunter Valley and Lower Mid North Coast of Australia. Residents were followed for 545 days or until death or discharge.

**Main outcome measures:** Monthly data about falls, falls injury and falls injury prevention programs; audit of hospitalisation for fractured neck of femur.

**Results:** Despite significantly increasing the provision of hip protectors in the intervention facilities and the use of vitamin D in both intervention and control facilities, there was no difference in the number of falls or falls injuries between the intervention and control groups. There was also no difference in the number of falls or falls injuries between the baseline, pre-intervention, 6 months and the final 6 months of the intervention period. Resident factors related to increased risk of falls included being ambulant, having dementia, increasing age and a high falls risk assessment.

**Conclusion:** It is difficult to reduce falls risk among high risk populations including people with dementia. Important strategies such as hip protectors, vitamin D and calcium supplementation, increased during the study, possibly with contamination of control facilities. Longer follow-up may be required to measure the impact on falls outcomes.

**John Ward is a Geriatrician and Clinical Leader in Aged Care for Hunter New England Area Health Service.** His major interests are the organisation of community services for people with dementia and other neurodegenerative diseases and the prevention of sarcopenia in older people and people with chronic diseases by physical activity programs.

**Contact e-mail: [John.Ward@hnehealth.nsw.gov.au](mailto:John.Ward@hnehealth.nsw.gov.au)**

**Professor Stephen Lord, Prince of Wales Medical Research Institute**  
***Evidence based best practice falls prevention***

This presentation reviewed recent studies on risk assessment, falls prevention interventions and hip protectors. Studies and reviews that were discussed included:

- Preventing falls in older multifocal glasses wearers by providing single-lens distance glasses: the VISIBLE randomised controlled trials.
- The Winchester Falls Project; a randomised controlled trial of secondary prevention of falls in older people.
- The new Cochrane review on interventions for preventing falls in older people.



The presentation also included an update on the best practice guidelines for preventing falls and harm from falls in older people: community, hospital and residential aged care facility settings.

**Stephen Lord is an NHMRC Senior Principal Research Fellow in the Falls and Balance Research Group at the Prince of Wales Medical Research Institute.**

His research interests include the identification of risk factors for falls in older people and the evaluation of fall prevention strategies. He has published over 200 scientific papers, and co-written two editions of a research book "Falls in Older People – risk factors and prevention strategies". Updated in 2007, this work comprehensively summarises the research evidence base undertaken in this field.

**Contact e-mail: [s.lord@powmri.edu.au](mailto:s.lord@powmri.edu.au)**

**Ms Lorraine Lovitt, Clinical Excellence Commission  
The NSW Falls Prevention Program**

A wide range of people are championing falls prevention initiatives for older people in NSW. This presentation provided highlights of some key initiatives and provided an update on falls prevention in NSW.

**Lorraine Lovitt is the Leader of the NSW falls Prevention Program working from the Clinical Excellence Commission** and leading the implementation of the NSW Falls Prevention Program. Lorraine has a nursing background with experience in aged care that includes policy development, strategic planning, consultation, management, health promotion and community care. She is a long serving board member of a not-for-profit aged care provider.  
**Contact e-mail: [lorraine.lovitt@cec.health.nsw.gov.au](mailto:lorraine.lovitt@cec.health.nsw.gov.au)**



## CONCURRENT SESSIONS

### HOSPITAL

**Dr Anne Tiedemann, Prince of Wales Medical Research Institute  
Screening for falls risk in the ED- study outline and progress**

**Aim:** The aim of this study was to develop a falls risk screening tool for use with older patients admitted to hospital Emergency Departments (EDs).



**Methods:** People eligible to take part in the study were those who attended the ED as a result of a fall or have fallen 2 or more times in the past year and are not admitted. Variables measured include routinely collected ASET assessment (socio-demographic factors, falls and fracture history, medical history and medication usage, use of community services, physical impairment and problems with balance and mobility), plus six objective measures of vision, balance and mobility. Fall rates are monitored monthly for 6 months from date of inclusion in the study. At the conclusion of the falls follow-up, statistical analysis were undertaken to determine which assessment variables distinguish between people who do and do not fall following their presentation at the ED and will be included in the screening tool.

**Progress:** Recruitment for the development phase of the screening tool is complete, 220 participants recruited from Prince of Wales Hospital ED. A further 220 participants are being recruited from the Royal North Shore Hospital ED to externally validate the developed screening tool, recruitment is currently at 120 people.

**Significance:** The developed screening tool will be used to identify differing levels of falls risk and in doing so will assist in identifying people most in need of intervention.

This presentation will outline the study protocol, progress to date and preliminary results from the screening tool development phase.

**Anne Tiedemann is a Research Officer in the Falls and Balance Research Group, Prince of Wales Medical Research Institute, Sydney,** where she works in the field of falls and balance research in older people. Her PhD research concerned the development of a validated falls risk assessment suitable for use in clinical settings. Anne's current work builds on this and concerns the development of screening tools for use in Emergency Departments and by the Ambulance Service of NSW.

**Contact e-mail: [a.tiedemann@powmri.edu.au](mailto:a.tiedemann@powmri.edu.au)**

**Kathy Bullen, Rankin Park Centre, Hunter New England Area Health Service**  
**Phone follow-up of fallers presenting to the Emergency Department (ED)**



This paper reported the results of a 12 month project aiming to reduce the rate of re-presentation for falls injury. Operating independently of ED and using data trawling, an algorithm is used to stream prospective patients into risk groups, make appropriate referrals and subsequently increase the uptake of appropriate falls injury prevention strategies. Around 48% of eligible people accepted the offer of some form of intervention and follow-up indicates good compliance.

**Kathy Bullen is the Clinical Nurse Consultant in Aged Care and Rehabilitation at the Rankin Park Centre, Hunter New England Area Health Service.**

Kathy is a member of the NSW Falls Prevention Network Advisory group and Co-Chair of the HNE Health Acute/Subacute Falls Injury Prevention Working Party. Kathy has a keen interest in Falls Prevention, especially staff education, and works closely with other preventative care teams to help implement best practice.

**Contact e-mail: [Kathy.Bullen@hnehealth.nsw.gov.au](mailto:Kathy.Bullen@hnehealth.nsw.gov.au)**

**Julia Poole, Royal North Shore Hospital, Northern Sydney Central Coast Area Health Service**  
**Delirium and Falls in Acute Care**

The single most common cause of falls in hospital is confusion. The most common cause of confusion is delirium. Delirium is a medical emergency which results in poor outcomes and is not well understood or managed. An overview of delirium definition, risk assessment, causes, diagnosis, prevention and management were provided in this presentation.

**Julia Poole is the Clinical Nurse Consultant (CNC) in Aged Care at Royal North Shore Hospital (RNSH).**

Julia has been the CNC for Aged Care at RNSH for 13 years in which she has concentrated on solving the challenges of caring for people with disturbed behaviour or behaviours of unmet need. The publication of the *Poole's Algorithm: nursing management of disturbed behaviour in older people* series plus justification and evaluation journal articles has led to the undertaking of a PhD at UTS. This has involved using Action Research to facilitate a person-centred approach to the care of older people in acute care. Completion is expected by the end of 2009.

**Contact e-mail: [jpoole@nscchahs.health.nsw.gov.au](mailto:jpoole@nscchahs.health.nsw.gov.au)**



**Christine Burrows, Hawkesbury District Health Service**  
**Falls Prevention Where Community Matters ..... "IT STARTS WITH YOU!"**

In 2006 Hawkesbury District Health Service became a community partner of the 'Stepping On – Falls Prevention Sustainability Project' conducted by Sydney University. A journey of 'Falls Prevention' began that united clinicians from Community and Hospital toward a common goal of care. We are now entering our third year of delivering the 'Stepping On Program' and have forged relationships with multiple partners across the community. A clear referral pathway and an integrated, systemic approach are guiding the work toward sustainability but there is more that needs to be done.

The aim of this presentation was to share the 'Hawkesbury Experience' and to demonstrate the power of community because falls prevention is not just everyone's business it also "STARTS WITH YOU".

**Christine Burrows RNM MN is the Clinical Nurse Consultant in the Primary Health Care Team of the Hawkesbury District Health Service.**

Christine has had many years experience working in the community throughout Sydney's West and currently coordinates the team of community nurses who deliver the falls prevention programme to the Hawkesbury community.

**Contact e-mail: cburrows@chcs.com.au**



**Melanie Kingsland, Hunter New England Population Health  
*Building Capacity for Sustainable Physical Activity Programs***

The availability of sustainable community-based physical activity programs depends on effective capacity building at both the level of fitness professionals and those who provide them with training. As part of its falls prevention program, Hunter New England Health aims to establish sustainable physical activity programs for adults over 50 through the implementation of the following capacity building strategies:

- Incorporating fall prevention specific content into fitness professional training programs provided by TAFE NSW and Active Over 50, including gaining Fitness Australia accreditation for the latter.
- Establishing mechanisms for fitness professional mentoring in class delivery and business skills.
- Providing fitness professionals with a marketing guide, promotional resources and templates to assist in attracting and sustaining a client base.
- Providing leaders with equipment start-up packs to encourage the incorporation of balance and strength choreography into programming.
- Connecting leaders into processes for health professional and community enquiry referral.

This presentation provided an overview of the content, process of implementation and impact of these strategies to date.



**Melanie is a Program Manager within the Capacity Building Team of Hunter New England Population Health**, where she has worked for the past 8 years. She currently manages the unit's fall injury prevention program of work, which is focused on the establishment of appropriate physical activity programs for adults over 50. One of the main challenges Melanie faces is the diversity of communities across the Hunter New England Health area, which results in the need for strategies flexible to varying need and capacity.

**Contact e-mail: melanie.kingsland@hnehealth.nsw.gov.au**

**Minh Pham, Ambulatory Care Unit, Fairfield Hospital, Sydney South West Area Health Service  
*Bold and Balance: preventing falls in the culturally and linguistically diverse (CALD) population of an Aged Day Care Centre (ADCC)***

**Aim:** To implement an effective, sustainable falls prevention exercise program to improve regular participation in physical activity, leading to reduced falls risks amongst CALD communities.

**Method:** Physical activity is widely recognised as improving health and well-being and preventing falls and fall related injuries. In Australia, the proportion of the population aged 65 and over from CALD background is anticipated to increase to one million by 2026. Anecdotally it is a widely held view that CALD communities have been traditionally underrepresented in physical activity programs. 788 clients from over 15 different nationalities attending the Fairfield ADCC consented to the program. A daily exercise program for the clients was implemented to specifically address impairments in balance and gait, muscle weakness and movement speed. Staff were trained to

deliver the evidenced based group exercise sessions. This was incorporated with an educational program for staff and clients focusing on: physical activity, home hazards, walking aid and hip protectors, vision, continence and “after a fall” strategies.

**Outcome measures included:** client physical activity level, knowledge questionnaire; sit-to-stand test. Measurements of clients were to be taken at: 2, 12, 25 and 52 weeks post-commencement of project. A staff exercise competency checklist was conducted at the completion of the training.

**Results:** Following the completion of the program there was 65% increase in the number of clients participating in physical exercise at least once a week; 53% improvement in passing rate of timed sit-to-stand; 100% of staff and clients demonstrated an increased knowledge of falls prevention. In addition, staff was successfully conducting the daily exercise groups.

**Conclusion:** 30 minutes of weight-bearing exercises integrated into the daily routine of a community ADCC plays a significant role in increasing physical activity level and functional strength in the frail CALD elderly population. Empowering staff with knowledge and strategies to prevent falls and fall related injuries among clients increases opportunities of sustaining the program.



**Minh Pham is the senior physiotherapist of the Ambulatory Care Unit at Fairfield Hospital and part of the Fairfield Falls Intervention Team (FIT).** Minh completed her Bachelor of Physiotherapy degree in 1999 and obtained her Master’s degree in Physiotherapy in 2005. Minh’s experience spans many years of both public and private health sectors. She is currently involved in the development and implementation of the Fairfield FIT initiative, which is a multidisciplinary Falls Prevention program recognised by the Clinical Council of Excellence for clients in the Fairfield local government area.

**Contact e-mail:** [minh.pham@sswahs.nsw.gov.au](mailto:minh.pham@sswahs.nsw.gov.au)

**Mandy Harden, Community Aged Care Services, Hunter New England Area Health Service**  
***Falls Injury Prevention in Residential Aged Care: How can we translate strategies into effectiveness.***

**Introduction:** Implementing falls injury prevention strategies in residential aged care is not easy. There is tremendous pressure on aged care facilities which leaves staff with little time or energy to concentrate on programs such as falls injury prevention. There are many lessons to be learnt from this research project to test the hypothesis that a full-time project officer could facilitate the reduction of falls injuries, especially hip fractures, in aged care facilities.



**Method:** A three year research project was funded by the NSW Health under the NSW Health Promotion Demonstration Research Grant Scheme 2005/2007 and was conducted by the Hunter New England Area Health Service, together with the University of Newcastle. Following the employment of the project officer, 88 residential aged care facilities were recruited from the Greater Newcastle and Lower Mid-North Coast area to participate in the project.

Randomisation of the participating facilities into control or intervention groups occurred. The intervention was supported by the identification of a link person at each facility, provision of a resource kit, and the introduction of a range of best practice strategies for falls injury prevention in aged care facilities. After an initial six months base-line data collection, the intervention period went for 18 months.

**Results and Conclusion:** Data will be presented to show that we were able to increase the uptake of most strategies but unable to reduce the incidence of hip fractures in the intervention group. Some reasons for this negative result will be suggested. The real lessons from this project, however, are why the intervention

worked in some facilities and not others. We would like to share these lessons in discussing the obstacles encountered in implementing best practice falls injury prevention strategies in residential care setting and what could be done to address these obstacles.

**Mandy Harden is the CNC in Aged Care Education in Community Aged Care Services, HNE Health.** Mandy is a registered nurse and has recently worked on this 3-year randomised controlled trial research project to reduce hip fractures resulting from a fall in residential care facilities. She was the project officer for this local collaborative project between the AHS and private RACF to support the RACF to implement Advance Care Planning.

**Contact e-mail: [Mandy.Harden@hnehealth.nsw.gov.au](mailto:Mandy.Harden@hnehealth.nsw.gov.au)**

**Sharon Butler, Better Balance Coordinator, Anglican Retirement Villages (ARV)**  
*The Better Balance Program – a falls prevention initiative at Anglican Retirement Villages.*

Anglican Retirement Villages (ARV) consists of 30 villages across greater Sydney. There are 18 Residential Aged Care Facilities which include 12 assisted living hostels and 6 nursing homes. The Better Balance Program is involved in the education of staff, residents and family in falls prevention. It has seen the commencement of 5 Falls Prevention Committees and this year joined with NSW Health by supporting April Falls Month. Part of the program is to assist RACF's in assessing residents in their falls risks and planning interventions to decrease these risks. The GP's referral through the Medicare Enhanced Primary Care (EPC) scheme completes the multidisciplinary approach.

**Sharon Butler is the Better Balance Coordinator for Anglican Retirement Villages.** She has a Bachelor of Applied Science (Physiotherapy) degree from Sydney University and a Graduate Diploma in Manipulative Physiotherapy also from, Sydney University and a Graduate Certificate in Health Promotion, Curtin University and has completed the Postgraduate Falls Course at Sydney University.

**Contact e-mail: [Sharon.Butler@arv.org.au](mailto:Sharon.Butler@arv.org.au)**

**Kate Perry, Facility Manager, Jamieson House, Jim McMillan, Information Systems Coordinator, Rey Baluyot, Staff Development Coordinator, Twilight Aged Care.**  
*Twilight Aged Care Falls Minimisation and Minimisation of Harm from Injury*

The Falls Minimisation Project for Twilight Aged Care commenced in October 2008 as a result of an increased number of falls at Jamieson House.



A project team was established to bring together available best practice resources to develop a falls minimisation program that could be linked to the company clinical documentation system, iCare. The Safety and Quality Council Preventing Falls and Harm from Falls in Older People program (the green box) formed the content of the Twilight Aged Care program. Clinical documentation is progressed in the iCare documentation system by all health care professionals and data collection and trend analysis is facilitated through internal monitoring and an external benchmarking contractor.

**Jim McMillan, Kate Perry and Rey Baluyot**



Identification of residents at risk of falls formulating strategies for care planning, implementation to prevent and or reduce the risk of injury. Residents are linked to appropriate exercise and mobility therapy, referred to a range of relevant healthcare professionals and care interventions are monitored by care staff and evaluated for effectiveness.

**Contact e-mail:** [kate.perry@twilight.org.au](mailto:kate.perry@twilight.org.au)

**We would like to thank:**

**NSW Department of Health for supporting this meeting**

**NSW Falls Prevention Program, Clinical Excellence Commission**

**Staff from the Falls and Balance Research Group, Prince of Wales Medical Research Institute**

**Exhibitors on the day: Active Mobility Systems, AOK Health, Comfort & Fit, Home Modification Information Clearinghouse, Medical Industries Australia, Statina Healthcare Australia, Surgical Synergies, Vision Australia.**

**Area Health Service Falls Prevention Coordinators:**

**Margaret Armstong-** Northern Sydney Central Coast Area Health Service

**Jenny Bawden-** Sydney West Area Health Service

**Patsy Bourke-** Hunter New England Area Health Service

**Therese Findlay-** Sydney South West Area Health Service

**Jacaline Kelly-** Greater Western Area Health Service

**Mary-Clare Maloney-** North Coast Area Health Service

**Kathy Richardson-** South Eastern Sydney Illawarra Area Health Service

**NSW Falls Prevention Network Advisory Group:**

**Lorraine Lovitt (chair),** Leader NSW Falls Prevention Program, Clinical Excellence Commission (CEC)

**Ingrid Hutchinson,** Project Officer, NSW Falls Prevention Program, CEC

**Annie Warn,** Manager, Injury prevention Projects, NSCCAHS

**Christine Burrows,** CNC for Primary Health Care, Hawkesbury District Health Service

**Sonia Johnston,** CNC Aged Care Geriatrics, Westmead Hospital, SWAHS

**Dr Tai-Tak Wan,** Medical Director, Ambulatory Care, Fairfield Hospital, SSWAHS

**Glenys Francis,** ASET Nurse, ED Maitland Hospital, HNEAHS

**Kathy Bullen,** CNC Aged Care/Rehabilitation, Rankin Park Centre, Greater Newcastle Cluster, HNEAHS

**Louisa Squires,** Nurse Manager, Trundle MPS, GWAHS

**Anne Hulak,** GWAHS Extended Care Service, Orange

**Merrin Moran,** Physiotherapist, Aged Care Serviced, Wagga Wagga, GSAHS

**Denise O'Toole,** Acting CNC, Falls Prevention Program, The Canberra Hospital.

**Bharat Nepal,** Health Promotion Officer, Falls Injury Prevention Team, Health promotion Service SESIAHS

**Dr Anne Tiedemann,** Postdoctoral Research Fellow, Prince of Wales Medical Research Institute (POWMRI)

**Professor Stephen Lord,** NHMRC Senior Principal Research Fellow, POWMRI

**Esther Vance,** Project Officer, NSW Falls Prevention Network, POWMRI

**FALLS PREVENTION IS EVERYONE'S BUSINESS**

# 2009 Falls Prevention Network Meeting



## RECENT ABSTRACTS FROM THE RESEARCH LITERATURE

### REVIEWS

#### **NSAIDs and the risk of accidental falls in the elderly: a systematic review.**

Hegeman J, van den Bemt BJ, Duysens J, van Limbeek J.

**Drug Safety** 2009; 32(6): 489-98.

Affiliation: Department of Research, Development and Education, Sint Maartenskliniek, Nijmegen, the Netherlands.

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#### **ABSTRACT**

Accidental falls, especially those occurring in the elderly, are a major health and research topic nowadays. Besides environmental hazards and the physiological changes associated with aging, medication use (e.g. benzodiazepines, vasodilators and antidepressants) and polypharmacy are significant risk factors for falling as well. Exposure to NSAIDs has been associated with accidental falls too, although information on this area is less consistent. Therefore, the main goal of this review is to provide an updated overview of all the evidence published on the risk of falling due to NSAID use thus far. A systematic literature search for material published between 1966 and March 2008 in PubMed, EMBASE, the Cochrane Database of Systematic Reviews, Excerpta Medica, Current Contents and Science Citation Index was combined with a check of the reference lists of all the retrieved articles. Validity and data extraction of the eligible articles was assessed by adapted criteria, based on checklists that were originally developed to assess case-control or cohort studies. From the 16 selected articles, two studies were rejected because of clustering of data and one article was excluded because it contained the same data as that in one of the included articles. None of the articles retrieved included a randomized controlled trial. The remaining 13 studies all showed some lack in completeness of their statistical methods, and much variation in reporting of effects. The overall mean age was high in the study populations, leaving the results to be poorly generalizable to a larger population and other age categories. Despite these imperfections, all studies showed an increased risk of falling due to NSAID use (four significant, nine non-significant), and a tendency towards an increased fall risk with NSAID exposure could be noted. The results shown in the present review suggest that an increased risk for accidental falls is probable when elderly individuals are exposed to NSAIDs. The studies with the highest quality show that the community-dwelling elderly in particular appear to be at higher risk. This review can serve as a comprehensive overview of the published evidence on fall risk of elderly individuals attributable to the use of NSAIDs, and as an inducement for future research.

#### **Urinary incontinence is associated with an increase in falls: a systematic review.**

Chiarelli PE, Mackenzie LA, Osmotherly PG.

**Aust J Physiother** 2009; 55(2): 89-95.

Affiliation: Health Sciences, University of Newcastle, Newcastle, NSW, 2308, Australia.

Pauline.Chiarelli@newcastle.edu.au. (Copyright © 2009, Australian Physiotherapy Association)

#### **ABSTRACT**

**Question:** Is urinary incontinence associated with falls in community-dwelling older people?

**Design:** A systematic review and meta-analysis of observational studies investigating falls and urinary incontinence.

**Participants:** Community-dwelling older people.

**Outcome measures:** Falls rather than fracture or injury, and any type of urinary incontinence.

**Results:** Odds ratios of nine studies were included in the meta-analysis. The odds of falling were 1.45 (95% CI 1.36 to 1.54) in the presence of any type of urinary incontinence. The odds of falling were 1.54 (95% CI 1.41 to 1.69) in the presence of urge incontinence. The odds of falling were 1.11 (95% CI 1.00 to 1.23) in the presence of stress incontinence. The odds of falling were 1.92 (95% CI 1.69 to 2.18) in the presence of mixed incontinence.

**Conclusion:** Urge urinary incontinence, but not stress urinary incontinence, is associated with a modest increase in falls. Falls prevention programs need to include an assessment of incontinence and referral for interventions to ameliorate the symptoms of urge incontinence.

### EPIDEMIOLOGY AND RISK FACTORS FOR FALLS

#### **Stops walking when talking: a predictor of falls in older adults?**

Beauchet O, Annweiler C, Dubost V, Allali G, Kressig RW, Bridenbaugh S, Berrut G, Assal F, Herrmann FR.

**Eur J Neurol** 2009; ePub(ePub): ePub.

Affiliation: Department of Geriatrics and Faculty of Medicine, Angers University Hospital and University of Angers, UNAM, France. (Copyright © 2009, John Wiley and Sons)

#### **ABSTRACT**

The objective of this study was to systematically review all published articles examining the relationship between the occurrence of falls and changes in gait and attention-demanding task performance whilst dual tasking amongst

older adults. An English and French Medline and Cochrane library search ranging from 1997 to 2008 indexed under 'accidental falls', 'aged OR aged, 80 and over', 'dual task', 'dual tasking', 'gait', 'walking', 'fall' and 'falling' was performed. Of 121 selected studies, fifteen met the selection criteria and were included in the final analysis. The fall rate ranged from 11.1% to 50.0% in retrospective studies and from 21.3% to 42.3% in prospective ones. Amongst the three retrospective and eight prospective studies, two and six studies, respectively, showed a significant relationship between changes in gait performance under dual task and history of falls. The predictive value for falling was particularly efficient amongst frail older adults compared with healthy subjects. Two prospective studies challenged the usefulness of the dual-task paradigm as a significant predictor compared to single task performance and three studies even reported that gait changes whilst dual tasking did not predict falls. The pooled odds ratio for falling was 5.3 (95% CI, 3.1-9.1) when subjects had changes in gait or attention-demanding task performance whilst dual tasking. Despite conflicting early reports, changes in performance whilst dual tasking were significantly associated with an increased risk for falling amongst older adults and frail older adults in particular. Description of health status, standardization of test methodology, increase of sample size and longer follow-up intervals will certainly improve the predictive value of dual-task-based fall risk assessment tests.

### **Low stiffness floors can attenuate fall-related femoral impact forces by up to 50% without substantially impairing balance in older women.**

Laing AC, Robinovitch SN.

**Accid Anal Prev** 2009; 41(3): 642-50.

Affiliation: Injury Prevention and Mobility Laboratory, School of Kinesiology, Simon Fraser University, 8888 University Drive, Burnaby, British Columbia, Canada V5A 1S6. [alaing@alumni.sfu.ca](mailto:alaing@alumni.sfu.ca)

(Copyright © 2009, Elsevier Publishing)

#### **ABSTRACT**

Low stiffness floors such as carpet appear to decrease hip fracture risk by providing a modest degree of force attenuation during falls without impairing balance. It is unknown whether other compliant floors can more effectively reduce impact loads without coincident increases in fall risk. We used a hip impact simulator to assess femoral neck force for four energy-absorbing floors (SmartCell, SofTile, Firm Foam, Soft Foam) compared to a rigid floor. We also assessed the influence of these floors on balance/mobility in 15 elderly women. We observed differences in the mean attenuation in peak femoral neck force provided by the SmartCell (24.5%), SofTile (47.2%), Firm Foam (76.6%), and Soft Foam (52.4%) floors. As impact velocity increased from 2 to 4m/s, force attenuation increased for SmartCell (from 17.3% to 33.7%) and SofTile (from 44.9% to 51.2%), but decreased for the Firm Foam (from 87.0% to 64.5%) and Soft Foam (from 66.1% to 37.9%) conditions. Regarding balance, there were no significant differences between the rigid, SmartCell, and SofTile floors in proportion of successful trials, Get Up and Go time, balance confidence or utility ratings. SofTile, Firm Foam, and Soft Foam caused significant increases (when compared to the rigid floor) in postural sway in the anterior-posterior and medial-lateral directions during standing. However, SmartCell increased sway only in the anterior-posterior direction. This study demonstrates that two commercially available compliant floors can attenuate femoral impact force by up to 50% while having only limited influence on balance in older women, and supports development of clinical trials to test their effectiveness in high-risk settings.

### **Disorders of Balance and Vestibular Function in US Adults: Data From the National Health and Nutrition Examination Survey, 2001-2004.**

Agrawal Y, Carey JP, Della Santina CC, Schubert MC, Minor LB.

**Arch Intern Med** 2009; 169(10): 938-44.

Affiliation: Department of Otolaryngology-Head and Neck Surgery, The Johns Hopkins University School of Medicine, 601 N Caroline St, Baltimore, MD 21287. [yagrawal@jhmi.edu](mailto:yagrawal@jhmi.edu)

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#### **ABSTRACT**

**BACKGROUND:** Balance dysfunction can be debilitating and can lead to catastrophic outcomes such as falls. The inner ear vestibular system is an important contributor to balance control. However, to our knowledge, the prevalence of vestibular dysfunction in the United States and the magnitude of the increased risk of falling associated with vestibular dysfunction have never been estimated. The objective of this study was to determine the prevalence of vestibular dysfunction among US adults, evaluate differences by sociodemographic characteristics, and estimate the association between vestibular dysfunction and risk of falls.

**METHODS:** We included data from the 2001-2004 National Health and Nutrition Examination Surveys, which were cross-sectional surveys of US adults aged 40 years and older (n = 5086). The main outcome measure was

vestibular function as measured by the modified Romberg Test of Standing Balance on Firm and Compliant Support Surfaces.

**RESULTS:** From 2001 through 2004, 35.4% of US adults aged 40 years and older (69 million Americans) had vestibular dysfunction. Odds of vestibular dysfunction increased significantly with age, were 40.3% lower in individuals with more than a high school education, and were 70.0% higher among people with diabetes mellitus. Participants with vestibular dysfunction who were clinically symptomatic (ie, reported dizziness) had a 12-fold increase in the odds of falling.

**CONCLUSIONS:** Vestibular dysfunction, as measured by a simple postural metric, is common among US adults. Vestibular dysfunction significantly increases the likelihood of falls, which are among the most morbid and costly health conditions affecting older individuals. These data suggest the importance of diagnosing, treating, and potentially screening for vestibular deficits to reduce the burden of fall-related injuries and deaths in the United States.

### **Evaluation Of The Incidental And Planned Activity Questionnaire (IPAQ) For Older People.**

Delbaere K, Hauer K, Lord SR.

**Br J Sports Med** 2009; ePub(ePub): ePub.

Affiliation: Prince of Wales Medical Research Institute, Australia. (Copyright © 2009, BMJ Publishing Group)

#### **ABSTRACT**

**OBJECTIVE:** There is a need for a measure of physical activity that assesses low, basic and high-intensity activities suitable for use in ageing research including falls prevention trials. We aimed to perform a formal validation of the Incidental and Planned Activity Questionnaire (IPAQ) by investigating its overall structure and measurement properties.

**DESIGN:** Cross-sectional survey.

**SETTING:** Community sample.

**PARTICIPANTS:** 500 older people (mean age: 77.4 years, SD: 6.08).

**MAIN OUTCOME MEASURES:** The IPAQ was administered as part of a longer assessment in two different postal self-completion formats; one for estimating physical activity during the last week (IPAQ-W) and one for estimating average weekly physical activity over the past three months (IPAQ-WA). Test-retest reliability was assessed by re-administration of the instruments one week later in a sub-sample of 80 respondents.

**RESULTS:** Both IPAQ versions had good measurement properties, but overall the IPAQ-WA performed better than the IPAQ-W. Rasch analyses indicated the IPAQ-WA had an excellent overall fit. Analysis of the internal structure supported the unidimensionality of the scale with an acceptable internal consistency. The content representation of the items revealed three categories (low, moderate and high levels of physical activity), with a good contribution of items by threshold. The IPAQ-WA had excellent test-retest reliability, ICC=0.87) and was able to discriminate differences in physical activity levels between groups differentiated by sex, age, and fall risk factors.

**CONCLUSIONS:** the IPAQ has excellent psychometric properties and assesses the level of physical activity relating to both basic and more demanding activities. Further research is required to confirm sensitivity to change.

### **Clinical and physiological assessments for elucidating falls risk in Parkinson's disease.**

Latt MD, Lord SR, Morris JG, Fung VS.

**Mov Disord** 2009; ePub(ePub): ePub.

Affiliation: Department of Aged Care, Royal Prince Alfred Hospital, Sydney, New South Wales, Australia.

(Copyright © 2009, John Wiley and Sons)

#### **ABSTRACT**

The study aims were to devise (1) a fall risk screen for people with PD using routine clinical measures and (2) an explanatory (physiological) fall risk assessment for guiding fall prevention interventions. One hundred thirteen people with PD (age 66 +/- 95% CI 1.6 years) underwent clinical assessments and quantitative tests of sway, gait, strength, reaction time, and lower limb sensation. Participants were then followed up for 12 months to determine fall incidence. In the follow-up year, 51 participants (45%) fell one or more times whereas 62 participants (55%) did not fall. Multivariate analyses of routine clinical measures revealed that a fall in the past year, abnormal axial posture, cognitive impairment, and freezing of gait were independent risk factors for falls and predicted 38/51 fallers (75%) and 45/62 non-fallers (73%). A multivariate model combining clinical and physiological measures that elucidate the pathophysiology of falls identified abnormal posture, freezing of gait, frontal impairment, poor leaning balance, and leg weakness as independent risk factors. This model correctly classified 39/51 fallers (77%) and 51/62 non-fallers (82%). Patients with PD at risk of falls can be identified accurately with routine clinical assessments and quantitative physiological tests. Many of the risk factors identified are amenable to targeted intervention.

### Comparison of a fall risk assessment tool with nurses' judgement alone: a cluster-randomised controlled trial.

Meyer G, Köpke S, Haastert B, Muhlhauser I.

**Age Ageing** 2009; ePub(ePub): ePub.

Affiliation: Unit of Health Sciences and Education, University of Hamburg, Martin-Luther-King-Platz 6, 20146 Hamburg, Germany. (Copyright © 2009, Oxford University Press)

#### ABSTRACT

**BACKGROUND:** the impact of fall risk assessment tools on clinical endpoints is unknown.

**OBJECTIVE:** we compared a standardised fall risk assessment tool alongside nurses' clinical judgement with nurses' judgement alone.

**DESIGN:** a 12-month cluster-randomised controlled trial.

**SETTING:** nursing homes in Hamburg (29 per study group).

**SUBJECTS:** 1,125 residents (n = 574 intervention group, IG; n = 551 control group, CG). Interventions: all homes received structured information on fall prevention before randomisation. The IG monthly administered the Downton Index, and the CG did not use a tool. Measurements were number of participants with at least one fall, falls, fall-related injuries and medical attention, fall preventive measures, physical restraints.

**RESULTS:** the mean follow-up was 10.8 +/- 2.9 months in both groups: 105 (IG) and 114 (CG) residents died or moved away. There was no difference between the groups concerning the number of residents with at least one fall (IG: 52%, CG: 53%, mean difference -0.7, 95% confidence interval -10.3 to 8.9, P = 0.88) and the number of falls (n = 1,016 and n = 1,014). All other outcomes were also comparable between the IG and CG.

**CONCLUSIONS:** application of a fall risk assessment tool in nursing homes does not result in the better clinical outcome than reliance on nurses' clinical judgement alone.

### Incidence and prediction of falls in dementia: a prospective study in older people.

Allan LM, Ballard CG, Rowan EN, Kenny RA.

**PLoS ONE** 2009; 4(5): e5521.

Affiliation: Institute for Ageing and Health, Wolfson Research Centre, Newcastle General Hospital, Newcastle upon Tyne, United Kingdom. (Copyright © 2009, Public Library of Science)

#### ABSTRACT

**BACKGROUND:** Falls are a major cause of morbidity and mortality in dementia, but there have been no prospective studies of risk factors for falling specific to this patient population, and no successful falls intervention/prevention trials. This prospective study aimed to identify modifiable risk factors for falling in older people with mild to moderate dementia.

**METHODS AND FINDINGS:** 179 participants aged over 65 years were recruited from outpatient clinics in the UK (38 Alzheimer's disease (AD), 32 Vascular dementia (VAD), 30 Dementia with Lewy bodies (DLB), 40 Parkinson's disease with dementia (PDD), 39 healthy controls). A multifactorial assessment of baseline risk factors was performed and fall diaries were completed prospectively for 12 months. Dementia participants experienced nearly 8 times more incident falls (9118/1000 person-years) than controls (1023/1000 person-years; incidence density ratio: 7.58, 3.11-18.5). In dementia, significant univariate predictors of sustaining at least one fall included diagnosis of Lewy body disorder (proportional hazard ratio (HR) adjusted for age and sex: 3.33, 2.11-5.26), and history of falls in the preceding 12 months (HR: 2.52, 1.52-4.17). In multivariate analyses, significant potentially modifiable predictors were symptomatic orthostatic hypotension (HR: 2.13, 1.19-3.80), autonomic symptom score (HR per point 0-36: 1.055, 1.012-1.099), and Cornell depression score (HR per point 0-40: 1.053, 1.01-1.099). Higher levels of physical activity were protective (HR per point 0-9: 0.827, 0.716-0.956).

**CONCLUSIONS:** The management of symptomatic orthostatic hypotension, autonomic symptoms and depression, and the encouragement of physical activity may provide the core elements for the most fruitful strategy to reduce falls in people with dementia. Randomised controlled trials to assess such a strategy are a priority.

## INTERVENTION STUDIES

### An interprofessional team approach to fall prevention for older home care clients 'at risk' of falling: health care providers share their experiences.

Baxter P, Markle-Reid M.

**Int J Integr Care** 2009; 9: e15.

Affiliation: School of Nursing, HHS Building-3N28C, 1200 Main St. W., Hamilton, ON, L8N 3Z5, Canada. (Copyright © 2009)

**ABSTRACT**

**BACKGROUND:** Providing care for older home care clients 'at risk' of falling requires the services of many health care providers due to predisposing chronic, complex conditions. One strategy to ensure that quality care is delivered is described in the integrated care literature; interprofessional collaboration. Engaging in an interprofessional team approach to fall prevention for this group of clients seems to make sense. However, whether or not this approach is feasible and realistic is not well described in the literature. As well, little is known about how teams function in the community when an interprofessional approach is engaged in. The barriers and facilitators of such an approach are also not known.

**PURPOSE:** The purpose of this qualitative study was to describe the experiences of five different health care professionals as they participated in an interprofessional team approach to care for the frail older adult living at home and at risk of falling.

**METHODOLOGY:** This study took place in Hamilton, ON, Canada and was part of a randomized controlled trial, the aim of which was to determine the effects and costs of a multifactorial and interdisciplinary team approach to fall prevention for older home care clients 'at risk' of falling. The current study utilized an exploratory descriptive design to answer the following research questions: how do interprofessional teams describe their experiences when involved in a research intervention requiring collaboration for a 9-month period of time? What are the barriers and facilitators to teamwork? Four focus groups were conducted with the care-provider teams (n=9) 6 and 9 months following group formation.

**RESULTS:** This study revealed several themes which included, team capacity, practitioner competencies, perceived outcomes, support and time. Overall, care providers were positive about their experiences and felt that through an interprofessional approach benefits could be experienced by both the provider and the patient and his/her family. Findings from this study suggest that research needs to be conducted to further explore the issues faced by this group of care providers and potential client outcomes.

### **An outpatient multifactorial falls prevention intervention does not reduce falls in high-risk elderly Danes.**

Vind AB, Andersen HE, Pedersen KD, Jørgensen T, Schwarz P.

*J Am Geriatr Soc* 2009; 57(6): 971-7.

Affiliation: Research Centre for Aging and Osteoporosis, Glostrup University Hospital, Nordre Ringvej, Glostrup DK-2600, Denmark. anbovi01@glo.regionh.dk (Copyright © 2009, John Wiley and Sons)

**ABSTRACT**

**OBJECTIVES:** To evaluate the effect of multifactorial fall prevention in community-dwelling people aged 65 and older in Denmark.

**DESIGN:** Randomized, controlled clinical trial.

**SETTING:** Geriatric outpatient clinic at Glostrup University Hospital.

**PARTICIPANTS:** Three hundred ninety-two elderly people, mean age 74, 73.7% women, who had visited the emergency department or had been hospitalized due to a fall.

**INTERVENTION:** Identification of general medical, cardiovascular, and physical risk factors for falls and individual intervention in the intervention group. Participants in the control group received usual care.

**MEASUREMENTS:** Falls were registered prospectively in falls diaries, with monthly telephone calls for collection of data. Outcomes were fall rates and proportion of participants with falls, frequent falls, and injurious falls in 12 months.

**RESULTS:** Groups were comparable at baseline. Follow-up exceeded 90.0%. A total of 422 falls were registered in the intervention group, 398 in the control group. Intention-to-treat analysis revealed no effect of the intervention on fall rates (relative risk=1.06, 95% confidence interval (CI)=0.75 -1.51), proportion with falls (odds ratio (OR)=1.20, 95% CI 0.81-1.79), frequent falls (OR=0.97, 95% CI=0.60-1.56), or injurious falls (OR=0.97, 95% CI=0.57-1.62).

**CONCLUSION:** A program of multifactorial fall prevention aimed at elderly Danish people experiencing at least one injurious fall was not effective in preventing further falls.

### **What Works Better for Community-Dwelling Older People at Risk to Fall? A Meta-Analysis of Multifactorial Versus Physical Exercise-Alone Interventions.**

Petridou ET, Manti EG, Ntinopogias AG, Negri E, Szczerbinska K.

*J Aging Health* 2009; ePub(ePub): ePub.

Affiliation: Athens University. (Copyright © 2009, Sage Publications)

**ABSTRACT**

**OBJECTIVE:** To compare and quantify the effectiveness of multifactorial versus exercise-alone interventions in reducing recurrent falls among community-dwelling older people.

**METHOD:** A meta-analysis of recently published studies on fall prevention interventions was conducted. Measure of the overall effectiveness was the combined risk ratio for recurrent falls, whereas heterogeneity was explored via metaregression analyses.

**RESULTS:** Ten of the 52 identified studies met the preset criteria and were included in the analysis. The exercise-alone interventions were about 5 times more effective compared to multifactorial ones. Short-term interventions, smaller samples, and younger age related to better outcomes.

**DISCUSSION:** From cost-efficiency and public health perspectives, exercise-alone interventions can be considered valuable, as they are more likely to be implemented in countries with less resources. Further qualitative research is needed, however, to explore determinants of willingness to participate and comply with interventions aiming to prevent recurrent falls among older people.

**Effect of a risk-based multifactorial fall prevention program on the incidence of falls.**

Salminen MJ, Vahlberg TJ, Salonoja MT, Aarnio PT, Kivela SL.

*J Am Geriatr Soc* 2009; 57(4): 612-9.

Affiliation: Department of Family Medicine, Institute of Clinical Medicine, University of Turku, Turku, Finland. majosa@utu.fi (Copyright © 2009, John Wiley and Sons)

**ABSTRACT**

**OBJECTIVES:** To evaluate the effects of a multifactorial fall prevention program on falls and to identify the subgroups that benefit the most.

**DESIGN:** Randomized controlled trial.

**SETTING:** Community-dwelling subjects who had fallen at least once during the previous 12 months.

**PARTICIPANTS:** Five hundred ninety-one subjects randomized into intervention (IG) (n=293) and control (CG) (n=298) groups.

**INTERVENTION:** A multifactorial 12-month fall prevention program.

**MEASUREMENTS:** Incidence of falls.

**RESULTS:** The intervention did not reduce the incidence of falls overall (incidence rate ratio (IRR) for IG vs CG=0.92, 95% confidence interval (CI)=0.72-1.19). In subgroup analyses, significant interactions between subgroups and groups (IG and CG) were found for depressive symptoms (P=.006), number of falls during the previous 12 months (P=.003), and self-perceived risk of falling (P=.045). The incidence of falls decreased in subjects with a higher number of depressive symptoms (IRR=0.50, 95% CI=0.28-0.88), whereas it increased in those with a lower number of depressive symptoms (IRR=1.20, 95% CI=0.92-1.57). The incidence of falls decreased also in those with at least three previous falls (IRR=0.59, 95% CI=0.38-0.91) compared to those with one or two previous falls (IRR=1.28, 95% CI=0.95-1.72). The intervention was also more effective in subjects with high self-perceived risk of falling (IRR=0.77, 95% CI=0.55-1.06) than in those with low self-perceived risk (IRR=1.28, 95% CI=0.88-1.86).

**CONCLUSION:** The program was not effective in reducing falls in the total sample of community-dwelling subjects with a history of falling, but the incidence of falls decreased in participants with a higher number of depressive symptoms and in those with at least three falls.

**Martial arts fall training to prevent hip fractures in the elderly.**

Groen BE, Smulders E, de Kam D, Duysens J, Weerdesteyn V.

*Osteoporos Int* 2009; ePub(ePub): ePub.

Affiliation: Sint Maartenskliniek, Department of Research, Development, and Education, P.O. Box 9011, Nijmegen, 6500 GM, The Netherlands, b.groen@maartenskliniek.nl. (Copyright © 2009, Springer Science+Business Media)

**ABSTRACT**

To evaluate the training effect of Tai Chi Chuan (TCC) in postural control and backward fall prevention in the elderly, balance assessment and visually guided lower limb response time were analyzed in a case-control study conducted in a community setting. Thirty-one elderly subjects (mean age: 68.2 +/- 6.8 years) participated in the TCC group, 30 community-dwelling elderly subjects with matched age and body composition served as the elderly control group, with 13 young adults (mean age: 27.5 +/- 3.8 years) serving as young controls. The TCC group had practiced TCC regularly five times per week, for over 30 min per day for at least 4 years. Lower limb response time were measured using a computerized dance machine that we developed, which contains two blocks during testing: single and dual feet. The motor planning of the latter is more complex than the former. Postural control was as-



essed by computerized posturography (Smart Balance Master). Compared to the elderly controls, the TCC group demonstrated significantly better balance performance in sway-referenced support, which is more challenging. Moreover, the TCC group had better dual feet response than the elderly controls in the forward-backward, forward-right and forward-left directions. Practicing TCC may improve motor responses and postural control in the elderly, particularly in more challenging situations. Subjects showed better postural responses to unexpected perturbation in the forward-backward and forward-sideways direction than sideways or backward-sideways directions, which may have clinical relevance.

### **A Quality Use of Medicines program for general practitioners and older people: a cluster randomised controlled trial.**

Pit SW, Byles JE, Henry DA, Holt L, Hansen V, Bowman DA.

**Med J Aust.** 2007;187(1):23-30.

#### **ABSTRACT**

**OBJECTIVE:** To investigate the effectiveness of an educational Quality Use of Medicines program, delivered at the level of general practice, on medicines use, falls and quality of life in people aged  $\geq$  65 years. **DESIGN:** Cluster randomised controlled trial conducted in 2002.

**SETTING:** General practices in the Hunter Region, New South Wales, Australia.

**PARTICIPANTS:** Twenty general practitioners recruited 849 patients to participate in the study. **INTERVENTION:** Education (academic detailing, provision of prescribing information and feedback); medication risk assessment; facilitation of medication review; financial incentives.

**MAIN OUTCOME MEASURES:** Primary measures: a composite score reflecting use of benzodiazepines, non-steroidal anti-inflammatory drugs (NSAIDs) and thiazide diuretics; secondary measures: use of medication reviews, occurrence of falls, quality of life (as assessed by SF-12 and EQ-5D survey scores).

**RESULTS:** Compared with the control group, participants in the intervention group had increased odds of having an improved medication use composite score (odds ratio OR, 1.86; 95% CI, 1.21-2.85) at 4-month follow-up but not at 12 months. At 4-month follow-up, the intervention group had reduced odds of using NSAIDs (OR, 0.62; 95% CI, 0.39-0.99) and showed a non-significant reduction in use of benzodiazepines (OR, 0.51; 95% CI, 0.20-1.30) and thiazide diuretics (OR, 0.70; 95% CI, 0.48-1.01). Changes in drug use were not significant at 12-month follow-up. At 12 months, intervention-group participants had lower adjusted ORs (AORs) for having a fall (AOR, 0.61; 95% CI, 0.41-0.91), injury (AOR, 0.56; 95% CI, 0.32-0.96), and injury requiring medical attention (AOR, 0.46; 95% CI, 0.30-0.70). Quality-of-life scores were unaffected by the intervention.

**CONCLUSION:** Education and systems for medication review conducted by GPs can be used to improve use of medicines. These interventions are associated with a reduction in falls among older people, without adverse effects on quality of life.

#### **WEBSITES**

##### **Ambassador for Ageing**

[www.health.gov.au/ambassadorforageing](http://www.health.gov.au/ambassadorforageing)

A number of publications on positive and active ageing have been produced featuring Noeline Brown the Ambassador for Ageing. These include:

- [A mature approach to avoiding falls](#)
- [A mature approach to staying active](#)
- [A mature approach to eating properly](#)

The brochures and accompanying posters can be ordered at no cost by calling National Mail & Marketing (Department of Health & Ageing) on 02 6269 1000.





[www.powmri.edu.au/  
fallsnetwork](http://www.powmri.edu.au/fallsnetwork)

### **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**

## **NETWORK INFORMATION**

### **JOINING THE NETWORK**

To join the NSW Falls Prevention Network listserv :

- Send an email to :  
[majordomo@lists.health.nsw.gov.au](mailto: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](mailto:e.vance@powmri.edu.au).

### **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](mailto:e.vance@powmri.edu.au)

### **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](mailto: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 shown on this page.