

# Concerns about Falling in Older People: Current Evidence and Insights

---

Dr Mei Ling (Mae) Lim



# A fall is rarely the end of the story.

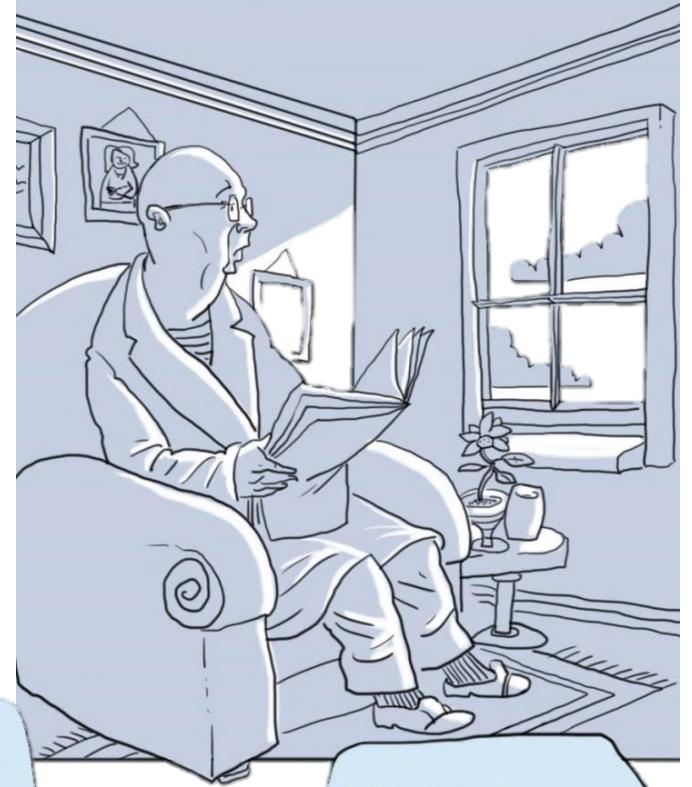


I had a fall at the markets in front of so many people. I couldn't get up by myself ...

It was embarrassing...



So I just didn't go to the market anymore..



I didn't feel confident anymore in crowded places. I hardly got out of the house and I started to feel lonely.

# Preferred Terminology

---

- Whilst “fear of falling” is commonly used, we recommend using the term **“concerns about falling”** when referring to the psychological impact and consequences of falling:
  - Fear is an emotional state and has psychiatric connotations implying analogy to phobias which may not be accurate
  - The older adults we consulted about the recommendations preferred the term “concerns” over “fear”
  - Concerns about falling is less intense and emotional (and therefore may be more socially acceptable to disclose)

# Concerns about Falling - Definition

---

A lasting feeling of dread and apprehension about situations that are believed to threaten or challenge balance. (Ellmers et al., 2023)

# Concerns about Falling: Prevalence & comorbidities

- 
- Highly common:
    - Experienced by up to 85% of older adults (Scheffer et al., 2008)
    - High levels reported in clinical populations (e.g. people with Parkinson's Disease, stroke survivors) (Peretz et al., 2006; Goh et al., 2016)
  - Associated with a variety of negative outcomes:
    - Reduced mental wellbeing: increased levels of depressive symptoms, greater perceived vulnerability (Painter et al., 2012)
    - Activity avoidance → physical deconditioning (Hadjistavropoulos et al., 2011)
    - Concerns about falling → clear independent predictor of future falls. (Ellmers, et al., 2025)



# **World Falls Guidelines Recommendations:**

## **ASSESSMENT**

---

# Concerns about Falling: Assessment

---

## **Recommendation 1:**

- We recommend including an evaluation of concerns about falling in a comprehensive fall risk assessment of older people.
- GRADE: 1B

# Concerns about Falling: Assessment

---

- Clinicians should ask all patients about their concerns regularly, not just those who have recently fallen or have balance/mobility limitations
- Holistic view: Important to combine with assessment of balance and gait
  - This will help put the level of concern into context
  - Allow you to understand whether any concerns are a realistic appraisal of fall-risk and likely to be protective (i.e. adaptive)
  - Can also help identify ‘under-estimators’ of physiological fall-risk (i.e. maladaptive)

# Concerns about Falling: Assessment

---

## **Recommendation 2:**

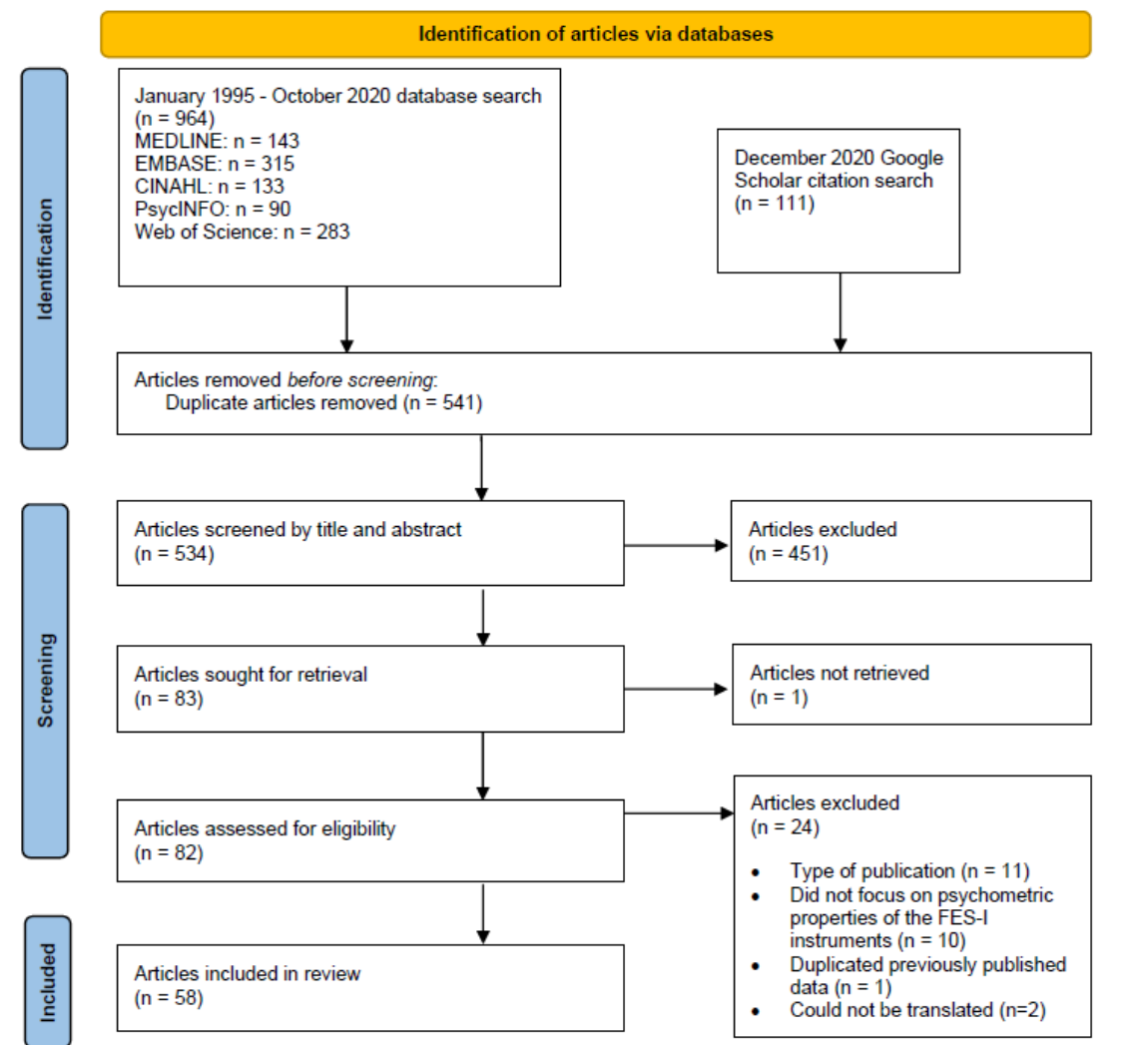
- We recommend using a standardised instrument to evaluate concerns about falling such as the Falls Efficacy Scale International (FES-I) or Short FES-I in community-dwelling older people.
- GRADE: 1A

# Systematic review

High quality evidence to support:

Measure	Property	Studies (n)	Pooled n	Pooled Result	SD or 95%CI
FES-I	Internal Consistency	39	7280	Cronbach $\alpha$ = 0.93	SD=0.05
	Test-Retest Reliability	16	1169	ICC=0.94	CI=0.91-0.96
	Inter-Rater Reliability	5	402	ICC=0.93	CI=0.88-0.98
Short FES-I	Internal Consistency	12	2783	Cronbach $\alpha$ = 0.84	SD=0.10
	Test-Retest Reliability	3	154	ICC=0.90	CI=0.87-0.94
Icon FES	Internal Consistency	4	733	Cronbach $\alpha$ = 0.96	SD=0.01
	Test-Retest Reliability	2	201	ICC=0.96	CI=0.95-0.98
Short Icon FES	Internal Consistency	5	849	Cronbach $\alpha$ = 0.87	SD=0.02
	Test-Retest Reliability	2	201	ICC=0.93	CI=0.90-0.95

- Construct validity (convergent validity and/or known groups validity) of all four FES-I instruments



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71

For more information, visit: <http://www.prisma-statement.org/>

McGarrigle L, et al *Age & Ageing* 2023

# Concerns about Falling: Assessment

## FES-I

Now we would like to ask some questions about how concerned you are about the possibility of falling. Please reply thinking about how you usually do the activity. If you currently don't do the activity (e.g. if someone does your shopping for you), please answer to show whether you think you would be concerned about falling IF you did the activity. For each of the following activities, please tick the box which is closest to your own opinion to show how concerned you are that you might fall if you did this activity.

		<i>Not at all concerned</i> 1	<i>Somewhat concerned</i> 2	<i>Fairly concerned</i> 3	<i>Very concerned</i> 4
1	Cleaning the house (e.g. sweep, vacuum or dust)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2	Getting dressed or undressed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3	Preparing simple meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4	Taking a bath or shower	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5	Going to the shop	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6	Getting in or out of a chair	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7	Going up or down stairs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8	Walking around in the neighbourhood	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9	Reaching for something above your head or on the ground	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10	Going to answer the telephone before it stops ringing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11	Walking on a slippery surface (e.g. wet or icy)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
12	Visiting a friend or relative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
13	Walking in a place with crowds	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
14	Walking on an uneven surface (e.g. rocky ground, poorly maintained pavement)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
15	Walking up or down a slope	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
16	Going out to a social event (e.g. religious service, family gathering or club meeting)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

## Short FES-I

Now we would like to ask some questions about how concerned you are about the possibility of falling. Please reply thinking about how you usually do the activity. If you currently don't do the activity, please answer to show whether you think you would be concerned about falling IF you did the activity. For each of the following activities, please tick the box which is closest to your own opinion to show how concerned you are that you might fall if you did this activity.

		<i>Not at all concerned</i> 1	<i>Somewhat concerned</i> 2	<i>Fairly concerned</i> 3	<i>Very concerned</i> 4
1	Getting dressed or undressed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2	Taking a bath or shower	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3	Getting in or out of a chair	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4	Going up or down stairs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5	Reaching for something above your head or on the ground	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6	Walking up or down a slope	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7	Going out to a social event (e.g. religious service, family gathering or club meeting)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

[www.fes-i.org](http://www.fes-i.org)

Widely used

42+ languages

3000+ citations

Cut offs	FES-I	Short FES-I
Low	≤19	≤8
Medium	20-27	9-13
High	≥28	≥14

# Concerns about Falling: Assessment

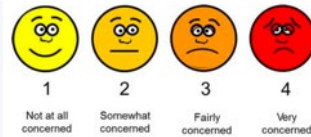
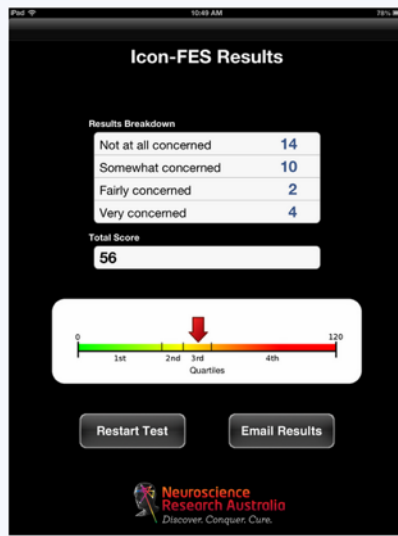
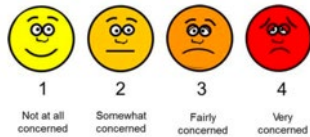
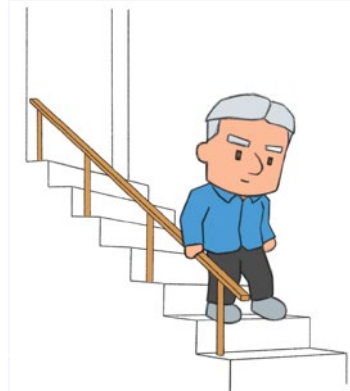
## icon-FES Mobile Application

[www.neura.edu.au/apps/iconfes/](http://www.neura.edu.au/apps/iconfes/)

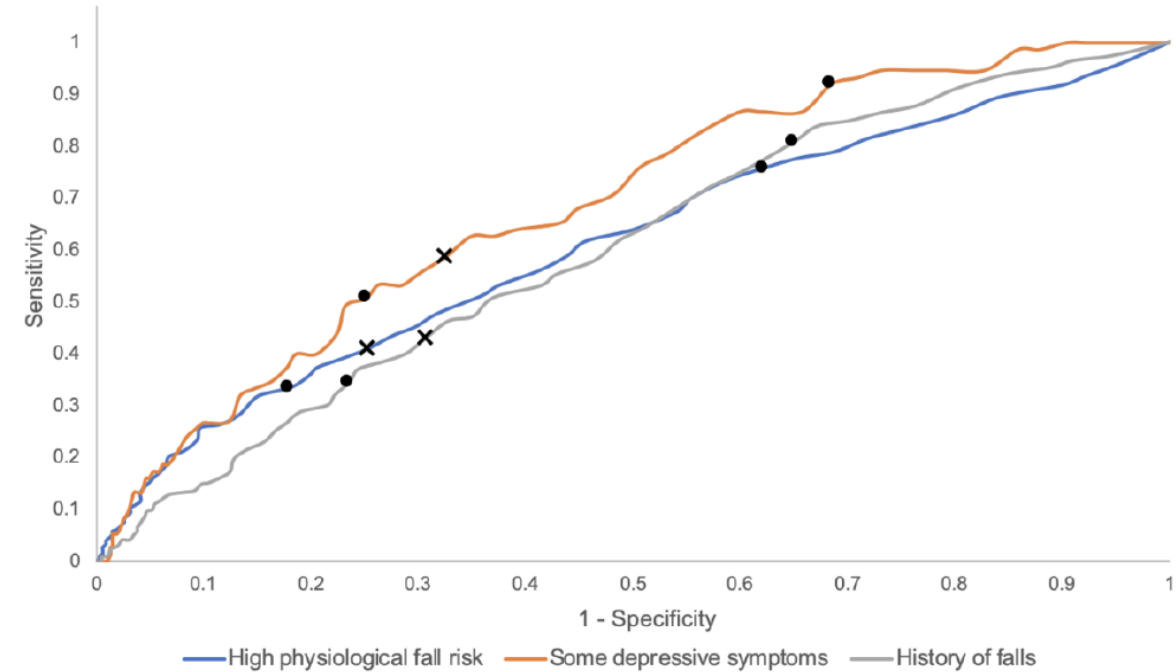
Purchase icon-FES at the App Store now:



Already have the app? [View instructions and tips](#) or [request app support](#).



30-item IconFES



x indicates cut-point of 53 for the 'low-high' concern about falling

• indicates cut-point of 41 and 59 for the 'low-moderate-high' concern about falling

Delbaere, et al. Development and Initial Validation of the Iconographical Falls Efficacy Scale, *Journals of Gerontology: Series A*, Volume 66A (6), 2011: 674–680

Lim, et al. The Iconographical Falls Efficacy Scale (IconFES) in community-dwelling older people—a longitudinal validation study, *Age and Ageing*, afaa213

# Concerns about Falling: Assessment

---

## **Recommendation 3:**

- We recommend using the FES-I or especially the Short FES-I for assessing concerns about falling in acute care hospitals or long-term care facilities.
- GRADE: 1B

# Research priorities: Assessment

---

- Preferred tools and challenges when assessing concerns about falling in clinical settings
- different settings (e.g., community, outpatient clinic, acute care, long-term care),
- older people with specific clinical characteristics (e.g., cognitive impairment, stroke, Parkinson's disease) and different levels of functional status.

**Lillian Miles — “Advancing Falls Assessment: Development of a Concern About Falling Scale for Long-Term Care”**

# **World Falls Guidelines Recommendations:**

## **INTERVENTIONS**

# Concerns about Falling: Interventions

---

## **Recommendation 4:**

- We recommend exercise, cognitive behavioural therapy and/or occupational therapy (as part of a multidisciplinary approach) to reduce concerns about falling in community-dwelling older people.
- GRADE: 1B

# Recommendation 4: Exercise, cognitive behavioural therapy and/or occupational therapy

- 
- **Short-term, small to moderate effects**
  - strongest evidence is for exercise interventions
    - Especially holistic exercises (i.e. Pilates, vinyasa, yoga, tai chi) and other exercise including meditation, or body awareness
    - Supervised by specially trained professionals (e.g. tai chi instructor),
    - Delivered in the community setting
  - cognitive behavioural therapy (CBT) interventions
    - alone
    - CBT-based multicomponent interventions (i.e. physical activities combined with psycho-therapeutic strategies)
  - occupational therapy
    - when used as part of a multidisciplinary approach in community-dwelling physically frail older people.

# Recommendation 4: Exercise, cognitive behavioural therapy and/or occupational therapy

---

## Tailoring

- Adaptive, high risk:
  - Functional balance and strength exercise program
  - Occupational therapy
- Maladaptive:
  - Functional balance and strength exercise program
  - Cognitive behavioural therapy (CBT)

# Research priorities: Interventions

- Early detection and intervention of maladaptive concerns about falling
- Importance of tailoring needs to be investigated
  - Combination of exercise and cognitive behavioural therapy may have larger effects on concerns about falling.
  - Long-term follow-ups are necessary to evaluate which intervention strategies have lasting effects on concerns about falling.
  - Understudied components of potentially effective interventions on concerns about falling in community and care settings; e.g. effect of hip protectors on concerns about falling.
  - Need for scalable, low-cost interventions

# **Own Your Balance Program**



# Own Your Balance – What is it?

---

- **Aim:** To evaluate whether a self-managed CBT intervention for concerns about falling (CaF) plus motivational interviewing alone or in combination with a graded balance exercise program (*StandingTall*), can reduce CaF in older people with substantial CaF, when compared with usual care plus health education.
- **Who:** Community-dwelling older adults with some concerns about falling (n=246)
- **Approach:** A cognitive-behavioural intervention, supported by motivational interviewing and home-based balance exercises (12-week program)

# Core components

## Cognitive-behavioural strategies (CBT)

Identifying and reframing unhelpful thoughts, worries, and beliefs about falling via **myCompass**

## Psychoeducation and self-management

Supporting understanding of falls, balance, and activity goals via the **OYB workbook**

## Behavioural re-engagement with activity

Gradual exposure to situations that challenge their balance via **StandingTall**

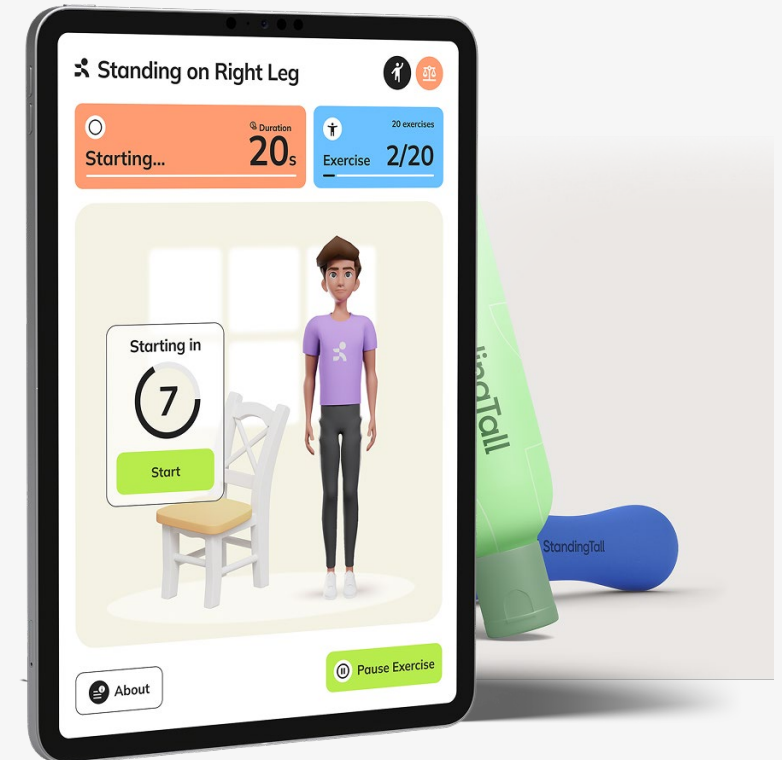
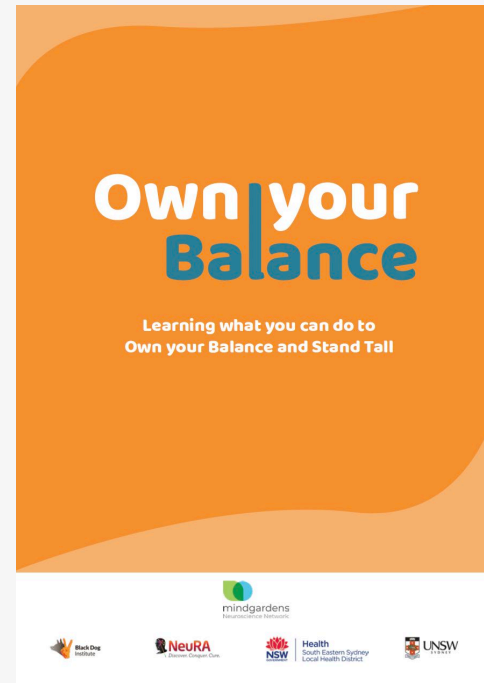
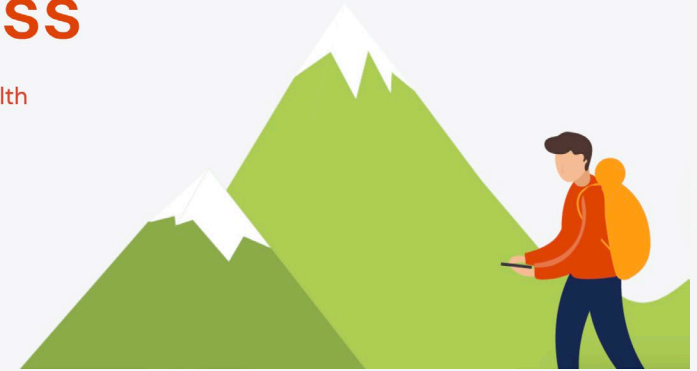
## Motivational interviewing via telehealth

Strengthening self-efficacy, motivation, and readiness to remain active is facilitated through the NSW Active and Healthy website

## myCompass

A self-help tool for your mental health

GET STARTED



# Own Your Balance – what did we learn?

- 
- **No change in overall concerns about falling**
  - **Improved balance confidence at 2 months**  
(observed in both intervention groups)
  - **Sustained improvement of balance confidence at 6 and 12 months**  
in participants receiving StandingTall + myCompass (CBT) + OYB  
workbook

# Mindset Balancer Program



# Mindset Balancer – What is it?

- 
- **Aim:** To conduct a formative evaluation of the Mindset Balancer program, assessing feasibility, acceptability and preliminary effectiveness in reducing concerns about falling in older people.
  - **Who:** Community-dwelling older adults with moderate to high concerns about falling (n=30)
  - **Approach:** Dialectical Behavioural Therapy + CBT

# Mindset Balancer – core components

---

An **online, self-managed program** for older adults with concerns about falling

---

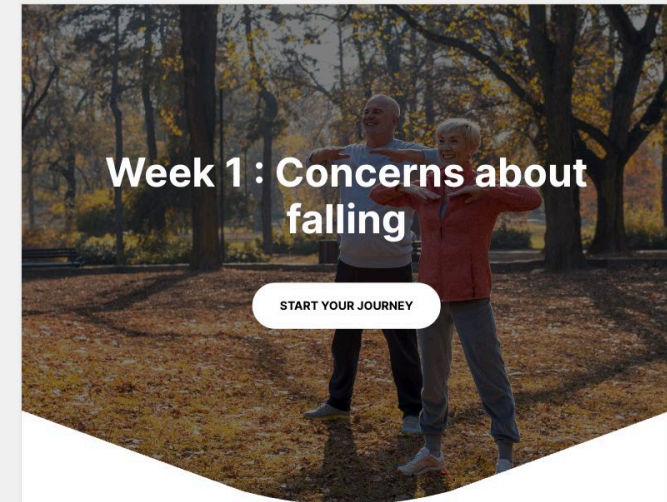
Co-created by the team together with clinical psychologists, consumers and experts

---

Integrates **DBT skills** and **CBT principles**, 10 weekly **short, paced modules** supporting long-term independent use

---

Topics include managing CaF, mindfulness, positive thinking, regulating emotions, distress tolerance, staying active and acceptance



Many older people are concerned about falling. About half of all older people are concerned about falling to some extent.

In this first week, you will learn more about what it means to have a concern about falling and how you can be affected by this concern.

Click on 'Start Your Journey' at the top of the page to continue.

- ☰ What is 'concerns about falling?'
- ☰ What happens when you are concerned about falling?

# Mindset Balancer– what did we learn?

- 
- Participants rated the program as **highly acceptable**
  - The intervention was viewed as **appropriate and relevant** for addressing concerns about falling
  - Responses support the **feasibility and acceptability** of a self-managed approach
  - “The key thing was that these things are treasures. You – you get given them for free and it’s up to you whether you hang on to them or see them as valuable or not, but they’re there in plain sight. And that’s why I like that [Being Mindful] module, because **it empowered me.**” P1
  - “**I think the program changed my mind.** I don’t know which module, **but I’ve changed my mindset.** Um, try not to worry about falling.” P2
  - “**It educated me**”P3

# What's next

---

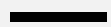
## Research

- Test targeted psychological approaches at scale
- Use outcomes beyond falls: confidence, behaviour, participation
- Identify who benefits most from which intervention

## Practice

- Move beyond one-size-fits-all
- Integrate physical *and* psychological strategies
- Embed scalable, acceptable tools into routine care

# Take home message



**Addressing concerns about falling is not optional. It is central to helping older adults stay active, feel safe, and reduce falls.**