

Safety Literature 28th November 2021

A theoretical framework to improve adherence among older adults to recommendations received at a falls prevention clinic: a narrative review

Santhagunam SN, Li EPH, Buschert K, Davis JC. Appl. Nurs. Res. 2021; 62: e151493.

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DOI 10.1016/j.apnr.2021.151493 **PMID** 34814997

Abstract

BACKGROUND: Falls impose a prominent public health problem among older adults. Falls are preventable through multi-factorial interventions offered by a Falls Prevention Clinic. Yet, adherence to recommendations is often average or low, particularly for lifestyle recommendations. To achieve full health benefits from such a multifactorial intervention, improving adherence is critical.

PURPOSE: Our primary objective was to conduct a narrative review to develop a theoretical framework, categorized by intrinsic and extrinsic factors that impact adherence to falls prevention interventions, considering a Falls Prevention Clinic setting.

MATERIALS AND METHODS: We conducted a comprehensive literature review of all peer-reviewed manuscripts published between 1998 through August 2020 among older adults (i.e., aged 60 years and older) who fall. We used the following search engines: Pubmed, CINAHL, Embase, MedLine, Cochrane and Google Scholar.

RESULTS: The theoretical framework categorizes two dominate factors (comprised of specific domains) that affect adherence among older adults who fall. Intrinsic factors comprised of three domains included: demographics (age, gender, ethnicity), individual factors (participation, control, behavioural habits) and health factors (physical health, mental state, perceived severity). Extrinsic factors comprised of four domains included: caregiver factors (family dynamics, miscarried helping) medication factors (availability, accessibility, drug handling, reliability), health system (costs, communication, relationship with doctors, attention) and environmental factors (public health policy interventions). Intrinsic factors such as high socioeconomic status, high health literacy, being married and extrinsic factors such as low healthcare cost, better communication and useful policy interventions were associated with greater adherence.

CONCLUSION: This theoretical model elucidates priority factors to target for promoting adherence to reduce falls, decrease mortality and, lower fall-related healthcare costs.

Language: en

Keywords

Exercise; Medication; Adherence; Environmental modification; Falls prevention; Older adults

Fear of falling and related factors during everyday activities in patients with chronic stroke

Park S, Cho OH. Appl. Nurs. Res. 2021; 62: 151492.

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Abstract

The aim of this study was to examine the impact of physical function, anxiety, and depression on the fear of falling associated with everyday activities in patients with stroke. This was a cross-sectional descriptive survey. Convenience sampling was used to select 127 patients with stroke who were undergoing rehabilitative therapy at a single rehabilitation hospital in South Korea. Fear of falling, anxiety, and depression were assessed using structured questionnaires. Physical parameters, including lower extremity function, functional mobility, balance ability, and lower extremity muscle strength, were measured using objective methods. A multiple regression analysis was used to identify the predictors of fear of falling. Female patients had a higher fear of falling associated with walking outdoors compared to male patients. Lower extremity strength was the only significant predictor of fear of falling when adjusting for age, sex, Mini Mental State Examination scores, and fall experience. Lower extremity strength was identified as the most important factor affecting the fear of falling associated with everyday activities in patients with stroke. Preventing muscle weakness in the lower extremities and providing education and support to improve patients' self-efficacy in outdoor activities are strategies that can be used to reduce the fear of falling in patients with stroke.

Language: en

Keywords

Falls; Fear; Activities of daily living; Muscle strength; Stroke rehabilitation

Midlevel providers focusing on geriatrics improve care and outcomes of fall-related injuries among the elderly

Holt MF, Testerman GM. Am. Surg. 2021; ePub(ePub): ePub.

(Copyright © 2021, Southeastern Surgical Congress)

DOI 10.1177/00031348211050821 **PMID** 34791900

Abstract

BACKGROUND: A rural level 1 trauma center underwent a consolidation to level III status in a new trauma network system. A dedicated group of midlevel practitioners emphasizing early mobilization, a geriatric care model, and fall prevention replaced surgical residents in the level 3 center. We hypothesized that outcomes of elderly fall-related injuries may be enhanced with midlevel providers using a geriatric-focused care model.

METHODS: An IRB-approved trauma registry review of patients over 65 years of age with a fall-related injury admitted to a rural trauma center 1 year prior to and 1 year following a trauma center consolidation from level 1 to level III designation evaluated demographics, anticoagulant use, comorbidities, and clinical outcomes. Statistical analysis included t-test and regression analysis.

RESULTS: 327 patients injured by falls were seen over a 2-year study period. The number of patients admitted with a fall-related injury and the injury severity were similar over the study period. Increasing age and anticoagulant use increased length of stay and mortality (both with $P < .05$). Mortality rates and patient level of independence on discharge were improved in the later period involving midlevel practitioners (both with $P < .05$).

DISCUSSION: Trauma centers and trauma system networks face increasing challenges to provide resources and providers of care for patients injured by falls, especially for the growing elderly population. Midlevel providers focusing on geriatric clinical issues and goals may enhance care and outcomes of elderly fall-related injuries.

Language: en

Keywords

elderly; geriatrics; anticoagulant; fall-related injury; level 3 trauma center

Movement toward an evidence-based, digital fall prevention future-perceptions from a physiotherapy perspective

Arkkukangas M, Cederbom S. Physiother. Theory Pract. 2021; ePub(ePub): ePub.

(Copyright © 2021, Informa - Taylor and Francis Group)

DOI 10.1080/09593985.2021.2005198 **PMID** 34791975

Abstract

BACKGROUND: Physiotherapy plays an important role in fall prevention, and is a science- and evidence-based profession that is constantly undergoing development. Currently, the possibility of digital fall prevention is being explored; however, the perception of physiotherapists (PTs) toward a digital approach is still a sparsely investigated topic.

PURPOSE: This study aimed to explore the PT's experiences with a fall prevention exercise program used in their daily work and their thoughts regarding the use of digital support in this context.

METHODS: Discussions were held in two focus groups with seven PTs (age: 26-48 years). A qualitative content analysis was performed.

RESULTS: We identified two main categories: 1) The importance of evidence-based fall prevention exercise; and 2) Transition toward a digital fall prevention exercise approach. The participants expressed that they had time- and resource-related limitations affecting evidence-based work and adherence to fall prevention exercise programs. They stated that education and management support were required.

CONCLUSION: There is a need for fall prevention exercise to be evidence-based and prioritized in physiotherapy. The study results provide insights into the lack of adherence to fall prevention exercise programs and highlighted the need for a transition toward working digitally in the future.

Language: en

Keywords

older adults; falls; Evidence-based; exercise; physiotherapy

Older adults' perceptions of their fall risk in the hospital: an integrative review

Dolan H, Slebodnik M, Taylor-Piliae R. J. Clin. Nurs. 2021; ePub(ePub): ePub.

(Copyright © 2021, John Wiley and Sons)

DOI 10.1111/jocn.16125 **PMID** 34786777

Abstract

AIMS AND OBJECTIVES: The objectives of this review are to determine what is currently known about older adults' perceptions of their own fall risk in the hospital and associated factors and explore how perceived fall risk in the hospital is assessed.

BACKGROUND: Every year, up to one million patients suffer an accidental fall in the hospital. Despite research efforts during the last decade, inpatient fall rates have not significantly decreased, and about one third of inpatient falls result in injuries. Limited evidence suggests that assessing hospitalised patients' perceptions of their fall risk and engaging them in their own fall prevention can reduce inpatient falls.

DESIGN: An integrative review.

METHODS: An electronic literature search was conducted in the Cumulative Index of Nursing and Allied Health Literature, Cochrane Database of Systematic Reviews, Embase, Google Scholar, OpenGrey, ProQuest Dissertations & Theses Global, PsycINFO and PubMed. Data extraction and quality assessments were independently performed by two reviewers. PRISMA guidelines were followed for reporting this review.

RESULTS: Twenty-two studies met the inclusion criteria. The findings suggest that hospitalised older adults inadequately estimate their own fall risk. Most participants did not perceive themselves as at risk for falling in the hospital. Educational and motivational interventions can change the patients' perceptions of their own fall risk in the hospital and engage them in fall prevention. The desire to remain independent and feeling vulnerable were associated with fall risk, and the relationship with nursing staff may affect how hospitalised patients perceive their own fall risk.

CONCLUSIONS: Hospitalised adults, and specifically older adults, do not adequately estimate their own fall risk. Factors associated with these perceptions must be further explored to develop assessment tools and interventions to decrease inpatient fall rates.

RELEVANCE TO CLINICAL PRACTICE: Nurses' understanding and assessment of hospitalised adults' perception of their own fall risk is important to consider for reducing inpatient falls.

Language: en

Keywords

older adults; inpatient; accidental falls; adults; experience; hospitalised; integrative review; perceptions

Racial and ethnic differences in falls among older adults: a systematic review and meta-analysis

Wehner-Hewson N, Watts P, Buscombe R, Bourne N, Hewson D. J. Racial Ethn. Health Disparities 2021; ePub(ePub): ePub.

(Copyright © 2021, Holtzbrinck Springer Nature Publishing Group)

DOI 10.1007/s40615-021-01179-1 **PMID** 34786654

Abstract

The aim of this systematic review and meta-analysis was to determine whether differences in reported fall rates exist between different ethnic groups. Searches were carried out on four databases: Medline, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Scopus, and Web of Science. Only English language studies with community-dwelling participants aged 60 + years were included. Studies also needed to compare fall prevalence for at least two or more ethnic groups. Two reviewers independently screened all articles and evaluated study quality. Twenty-three articles were included for systematic review, and meta-analyses were carried out on the 16 retrospective studies that reported falls in the previous 12 months. The Asian group demonstrated significantly lower fall prevalence than all other ethnic groups at 13.89% (10.87, 16.91). The Hispanic group had a fall prevalence of 18.54% (12.95, 24.13), closely followed by the Black group at 18.60% (13.27, 23.93). The White group had the highest prevalence at 23.77% (18.66, 28.88). Some studies provided adjusted estimates of effect statistics for the odds/risk of falls, which showed that differences still existed between some ethnic groups even after adjusting for other risk factors. Overall, differences in fall prevalence do appear to exist between different ethnic groups, although the reasons for these differences currently remain undetermined and require further investigation. These findings highlight the need to provide more ethnically tailored responses to public health challenges, which could potentially increase the adherence to prevention interventions, and allow for a more targeted use of resources.

Language: en

Keywords

Prevalence; Ethnicity; Falls; Older adults

Social isolation due to COVID-19: impact on loneliness, sedentary behavior, and falls in older adults

Caruso Soares B, Alves Costa D, de Faria Xavier J, Alamino Pereira de Viveiro L, Pedrozo Campos Antunes T, Grazielli Mendes F, Assis Kovachich de Oliveira M, Petravicius Bomfim C, Su Hsien K, Christina Gouveia E Silva E, Pompeu JE. Aging Ment. Health 2021; ePub(ePub): ePub.

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DOI 10.1080/13607863.2021.2003296 **PMID** 34806487

Abstract

OBJECTIVES: The World Health Organization has recommended social isolation to prevent the transmission of COVID-19. Thus, feelings of loneliness, sedentary behavior, and predisposition to falls have been reported more often due to the adoption of social isolation, especially for older adults. The objective of this study was to compare older adults' loneliness, sedentary behavior, and occurrence of falls before and during social isolation due to the pandemic as well as to analyze the association of loneliness with sedentary lifestyle and falls in older adults.

METHOD: Retrospective analytical study conducted through an online survey with older adults from Brazilian states in social isolation, approved by the Research Ethics Committee (number 32168920.0.0000.0068).

RESULTS: There was a significant increase in loneliness and sedentary behavior during social isolation ($p\text{-value} < 0.05$ for both), but no increase was observed for falls ($p\text{-value} = 0.615$). There was no correlation between the outcomes, nor was there a correlation between the outcomes and the number of days in social isolation.

CONCLUSION: The results of this research show that adoption of social isolation due to the COVID-19 pandemic brought an increase in sedentary behavior and loneliness for older adults but had no effect on the number of falls.

Language: en

Keywords

COVID-19; Geriatrics; social isolation

Statistical analysis plan for the coaching for healthy AGEing trial - a cluster-randomised controlled trial to enhance physical activity and prevent falls in community-dwelling older people

Oliveira JS, Sherrington C, Rissel C, Merom D, Wickham J, Lord SR, Simpson JM, Tiedemann A. Rev. Bras. Fisioter. 2021; ePub(ePub): ePub.

(Copyright © 2021, Departamento de Fisioterapia da Universidade Federal de São Carlos)

DOI 10.1016/j.bjpt.2021.10.003 **PMID** 34802917

Abstract

BACKGROUND: This statistical analysis plan details the Coaching for Healthy AGEing (CHAnGE) trial analysis methodology.

OBJECTIVE: To investigate the effect of a combined physical activity and fall prevention program on physical activity and falls compared to a healthy eating among people aged 60 years and over.

METHODS: The CHAnGE trial is a pragmatic parallel-group cluster-randomised controlled trial with allocation concealment and blinded assessors. Clusters are allocated to either (1) a physical activity and fall prevention intervention or (2) to a healthy eating intervention. The primary outcomes are: objectively measured physical activity at 12 months post-randomisation, and self-reported falls throughout the 12-month trial period. Secondary outcomes include the proportion of participants reporting a fall, the proportion of participants meeting the Australian physical activity guidelines, body mass index, eating habits, mobility goal attainment, mobility-related confidence, quality of life, fear of falling, risk-taking behaviour, mood, well-being, self-reported physical activity, disability, and use of health and community services. **ANALYSIS:** We will follow the intention-to-treat principle. All analysis will allow for cluster randomisation using a generalised estimating equation approach. The between-group difference in the number of falls per person-year will be analysed using negative binomial regression models. For the continuously scored primary and secondary outcome measures, linear regression models adjusted for corresponding baseline scores will assess the effect of group allocation. Analyses will take into account cluster randomisation and will be adjusted for baseline scores. A subgroup analysis will assess differential effects of the intervention by baseline physical activity levels and history of falls.

Language: en

Keywords

Physical activity; Falls; Exercise; Older people; Randomised controlled trial

Association of occupational distress and low sleep quality with syncope, presyncope, and falls in workers

Magnavita N, Prinzio RRD, Arnesano G, Cerrina A, Gabriele M, Garbarino S, Gasbarri M, Iuliano A, Labella M, Matera C, Mauro I, Barbic F. *Int. J. Environ. Res. Public Health* 2021; 18(23): e12283.

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DOI 10.3390/ijerph182312283 PMID unavailable

Abstract

Syncope and presyncope episodes that occur during work could affect one's safety and impair occupational performance. Few data are available regarding the prevalence of these events among workers. The possible role of sleep quality, mental stress, and metabolic disorders in promoting syncope, presyncope, and falls in workers is unknown. In the present study, 741 workers (male 35.4%; mean age 47 ± 11 years), employed at different companies, underwent clinical evaluation and blood tests, and completed questionnaires to assess sleep quality, occupational distress, and mental disorders. The occurrence of syncope, presyncope, and unexplained falls during working life was assessed via an ad hoc interview. The prevalence of syncope, presyncope, and falls of unknown origin was 13.9%, 27.0%, and 10.3%, respectively. The occurrence of syncope was associated with an increased risk of occupational distress (adjusted odds ratio aOR: 1.62, confidence intervals at 95%: 1.05-2.52), low sleep quality (aOR: 1.79 CI 95%: 1.16-2.77), and poor mental health (aOR: 2.43 CI 95%: 1.52-3.87). Presyncope was strongly associated with occupational distress (aOR: 1.77 CI 95%: 1.25-2.49), low sleep quality (aOR: 2.95 CI 95%: 2.08-4.18), and poor mental health (aOR: 2.61 CI 95%: 1.78-3.84), while no significant relationship was found between syncope or presyncope and metabolic syndrome. These results suggest that occupational health promotion interventions aimed at improving sleep quality, reducing stressors, and increasing worker resilience might reduce syncope and presyncope events in the working population.

Language: en

Comparison of two different models to predict fall risk in hospitalized patients

Carroll C, Arnold LA, Eberlein B, Westenberger C, Colfer K, Naidech AM, Ramsey K, Sturgeon C. *Jt. Comm. J. Qual. Patient Saf.* 2021; ePub(ePub): ePub.

(Copyright © 2021, Joint Commission on Accreditation of Healthcare Organizations)

DOI 10.1016/j.jcjq.2021.09.009 PMID 34810132

Abstract

BACKGROUND: Fall prevention is a patient safety and economic priority for health care organizations. An automated model within the electronic medical record (EMR) that accurately predicts risk for falling would be valuable for mitigation of inpatient falls. The aim of this study was to validate the reliability of an EMR-based computerized predictive model (ROF Model) for inpatient falls. The hypothesis was that the ROF Model would be similar to the Johns Hopkins Fall Risk Assessment Tool (JHFRAT) in predicting fall events in the inpatient setting at a large academic medical center.

METHODS: This observational study compared the falls predicted by each model against actual falls over an eight-month period in a single institution. Descriptive statistics were used to compare the distribution of scores and accuracy of fall risk categorization for each model immediately preceding a fall.

RESULTS: For 35,709 inpatient encounters, the total fall rate was 0.92%. Of the 329 patients who fell, 60.8% were high risk by ROF Model (fall rate 1.82%), and 75.4% were high risk by JHFRAT (fall rate 1.39%). The ROF Model had a better specificity than the JHFRAT (69.7% vs. 49.2%) but a similar C-statistic (0.717 vs. 0.702) and a lower sensitivity (60.8% vs. 79.3%).

CONCLUSION: The performance of the ROF Model was similar to that of the JHFRAT in predicting inpatient falls. This comparison provides evidence to support a transition to a more automated process. Future studies will determine prospectively if implementation of the ROF Model will reduce falls in the inpatient setting.

Language: en

Evaluating the contribution of reactive balance to prediction of fall rates cross-sectionally and longitudinally in persons with multiple sclerosis

Van Liew C, Huisinga JM, Peterson DS. Gait Posture 2021; 92: 30-35.

(Copyright © 2021, Elsevier Publishing)

DOI 10.1016/j.gaitpost.2021.11.008 **PMID** 34808516

Abstract

BACKGROUND: Falls are common in persons with multiple sclerosis (PwMS). Reactive postural control-one's response to a balance perturbation-is likely an aspect of fall risk; however, the relationship between reactive posture and falls is poorly understood in PwMS.

OBJECTIVE: We evaluated tibialis anterior muscle onset latency (TA latency) after balance perturbations as a predictor of fall rates in PwMS, controlling for clinical, functional, sensory, psychological, and cognitive factors.

METHOD: At baseline of the 18-month cohort study, 122 participants with MS (EDSS = 2.23) were included. Assessments were conducted every 6 months.

RESULTS: Of the original 122 participants at the baseline collection, data were available from 41, 39, and 34 people at the 6, 12, and 18 month follow-ups, respectively. Percent fallers at the four time points were 35.3%, 12.2%, 15.4%, and 20.5%. Cross-sectionally (i.e., at baseline), the Timed Up-and-Go, Falls Efficacy Scale - International (FES-I), and TA latency after perturbations were significant predictors of retrospective falls rates using negative binomial regression. Longitudinally, random-effects negative binomial regression found that trait-level FES-I, Stroop Color-Word, and TA latency were significant predictors for falls rates.

CONCLUSION: Delays in automatic postural responses seem to account uniquely for fall rates in PwMS-beyond clinical, balance, or mobility measures. These delays may contribute to the increased fall rate in PwMS. In addition to brief self-report instruments (FES-I) and cognitive assessments, muscle onset after balance perturbations may be a valuable tool for predicting falls in those with MS.

Language: en

Keywords

Risk; Falls; Longitudinal studies; Multiple sclerosis; Postural balance; Self-efficacy

Objective falls-risk prediction using wearable technologies amongst patients with and without neurogenic gait alterations: a narrative review of clinical feasibility

Betteridge CMW, Natarajan P, Fonseka RD, Ho D, Mobbs R, Choy WJ. Mhealth 2021; 7: e61.

(Copyright © 2021, AME Publishing)

DOI 10.21037/mhealth-21-7 **PMID** 34805392

Abstract

OBJECTIVES: The present narrative review aims to collate the literature regarding the current use of wearable gait measurement devices for falls-risk assessment in neurological and non-neurological populations. Thereby, this review seeks to determine the extent to which the aforementioned barriers inhibit clinical use.

BACKGROUND: Falls contribute a significant disease burden in most western countries, resulting in increased morbidity and mortality with substantial therapeutic costs. The recent development of gait analysis sensor technologies has enabled quantitative measurement of several gait features related to falls risk. However, three main barriers to implementation exist: accurately measuring gait-features associated with falls, differentiating between fallers and non-fallers using these gait features, and the accuracy of falls predictive algorithms developed using these gait measurements.

METHODS: Searches of Medline, PubMed, Embase and Scopus were screened to identify 46 articles relevant to the present study. Studies performing gait assessment using any wearable gait assessment device and analysing correlation with the occurrence of falls during a retrospective or prospective study period were included. Risk of Bias was assessed using the Centre for Evidence Based Medicine (CEBM) Criteria.

CONCLUSIONS: Falls prediction algorithms based entirely, or in-part, on gait data have shown comparable or greater success of predicting falls than existing stratification scoring systems such as the 10-meter walk test or timed-up-and-go. However, data is lacking regarding their accuracy in neurological patient populations. Inertial measurement units (IMU) have displayed competency in obtaining and interpreting gait metrics relevant to falls risk. They have the potential to enhance the accuracy and efficiency of falls risk assessment in inpatient and outpatient setting.

Language: en

Keywords

gait; falls; inertial measurement units (IMU); neurological disease; Wearable technologies

Oncology clinic nurses' attitudes and perceptions regarding implementation of routine fall assessment and fall risk screening: a survey study

Sattar S, Haase KR, Milisen K, Campbell D, Kim SJ, Chalchal H, Kenis C. Can. Oncol. Nurs. J. 2021; 31(4): 367-375.

(Copyright © 2021, Canadian Association of Nurses in Oncology)

DOI 10.5737/23688076314367375 **PMID** 34786454

Abstract

Falls in older adults with cancer are often under-recognized and under-reported. The objective of this study was to explore oncology clinic nurses' willingness and perceived barriers to implement routine falls assessment and falls screening in their practice. Nurses working in outpatient oncology clinics were invited to complete an online survey. Data were analyzed using descriptive statistics and sorted into thematic categories. The majority of respondents indicated willingness to routinely ask older patients about falls (85.7%) and screen for fall risks (73.5%). The main reasons for unwillingness included: belief that patients report falls on their own, lack of time, and lack of support staff.

FINDINGS from this study show many oncology nurses believe in the importance of routine fall assessment and screening and are willing to implement them routinely, although falls are not routinely asked about or assessed. Future work should explore strategies to address barriers nurses face given the implications of falls amongst this vulnerable population.

Language: en

Keywords

older adults; falls; cancer; fall assessment; oncology nurse

Short-term effect of fesoterodine on physical function relevant to fall risk in older women with overactive bladder

Chu CM, Harvie H, Arya LA, Andy UU. Female Pelvic Med. Reconstr. Surg. 2021; 27(12): 759-765.

(Copyright © 2021, Lippincott, Williams and Wilkins)

DOI 10.1097/SPV.0000000000001046 **PMID** 34807883

Abstract

PURPOSE: The aim of this study was to measure the effect of treatment with fesoterodine on physical function relevant to fall risk in older women with overactive bladder.

MATERIALS AND METHODS: This was a prospective cohort study of women aged 65 years or older with overactive bladder. Urinary symptoms and physical function were measured at baseline and 8 weeks after treatment with fesoterodine. Physical activity and sedentary behavior were measured subjectively using questionnaires and objectively using an accelerometer. Physical function was measured using the Short Physical Performance Battery test.

RESULTS: We enrolled 75 women with a median age of 76 years. At baseline, bothersome urgency urinary incontinence and nocturia were reported by 55% and 81%, respectively. At baseline, participants were highly sedentary with a median of 2,118 steps daily. After treatment, urinary symptom severity and health-related quality of life subscale scores of the Overactive Bladder Questionnaire improved significantly (-22.3 ± 24 and 17.5 ± 19.7 , respectively; $P < 0.0001$). The proportion of participants who self-reported a moderate-to-high level of physical activity increased from 27% to 35% after treatment ($P = 0.86$). However, daily steps decreased significantly (-420.2 ± 949 , $P < 0.001$), whereas daily sedentary time increased by 36.6 ± 88 minutes ($P < 0.001$). There was no significant change in the Short Physical Performance Battery score (-0.3 ± 2.3 , $P = 0.6$).

CONCLUSIONS: In older women with overactive bladder, short-term treatment with fesoterodine decreased objectively measured physical activity with no significant change in physical function. Treatment with anticholinergics may need to be supplemented with other therapies to address fall risk in older women with overactive bladder.

Language: en