Welcome

This issue features:

• Arts on Prescription to improve older people’s health
• Falls Network Forum 2015 Report
• Websites, Meetings and Conferences
• Recent Abstracts from the research literature

fallnetwork.neura.edu.au

Inside this Issue

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts on Prescription to improve older people’s health</td>
<td>2</td>
</tr>
<tr>
<td>Falls Network Forum 2015 Report</td>
<td>4</td>
</tr>
<tr>
<td>Websites, Meetings and Conferences</td>
<td>10</td>
</tr>
<tr>
<td>Abstracts</td>
<td>12</td>
</tr>
<tr>
<td>Network Information</td>
<td>20</td>
</tr>
</tbody>
</table>

FOR YOUR DIARY:

• 3rd Aged Health Collaborative Forum, Westmead Education and Conference Centre, Friday 16th October
• The Australian Association of Gerontology, 48th National Conference “Place Spirit Heart: Exploring Experiences of Ageing”, Alice Springs 4-6 November 2015.
Arts on Prescription to improve older people’s health

Article submitted by Associate Professor Roslyn Poulos, School of Public Health and Community Medicine, University of NSW, r.poulos@unsw.edu.au

Arts on Prescription has not been designed to be a falls prevention program, however this program aims to promote active and healthy ageing which may have an effect on some falls risk factors such as fear of falling.

This innovative new program using the arts to promote healthy and active ageing is now available in the South Western Sydney (Hammondville) and North Turramurra areas for older members of the community.

Evidence shows that participation in the arts can have a positive impact on health and wellbeing.

Arts on Prescription is an engaging program where experienced artists work with small groups of older people to help them explore their own creativity and learn new artistic skills, while at the same time meeting their health and wellness needs.

The concept was originally developed in the UK, and it is now offered locally in partnership with HammondCare, the University of NSW and the South Western Sydney Primary Health Network, with funding from the Australian Government Department of Social Services.

The program targets older people living in the community with unmet health and wellness needs such as: declining physical function and frailty; mild cognitive impairment; anxiety and depression; isolated, lonely and not able to engage with their community; recently bereaved; and people with dementia and their carers, aiming to enrich the caregiving relationship.

‘Arts prescription’ is used to reinforce the importance of proactive intervention and legitimises art as being beneficial to regaining health, just like traditional medicines that need a prescription.

The range of arts programs now being offered include visual arts such as painting, collage, ceramics and photography and music, dance and drama. Participants are able to choose which type of art form they would like to do, based on their interests and needs.

‘Arts on Prescription’ Project Director, A/Prof Chris Poulos says “If someone is frail, lacking in energy or has a fear of falling, an arts program such as dance, singing, drama and movement can increase their level of physical activity and improve their confidence.”

“Art can also unlock a person’s creative side, giving them new interests to help them remain mentally active as they age.”

Sessions are delivered at HammondCare’s Centre for Positive Ageing and Care at Hammondville, and at HammondCare North Turramurra.

There is no cost to attend, but participants will require their own means of transport. Referrals are being accepted now.

For further details and to request participant brochures or referral forms:

Phone: 8788 3900 Email: aop@hammond.com.au Web: www.hammond.com.au/positiveageing
Using the arts to promote healthy and active ageing
Arts on Prescription

At HammondCare we are passionate about improving quality of life for people in need.

What is Arts on Prescription?
Arts on Prescription is a fun and engaging program where experienced artists help you explore your own creativity and learn new skills, while at the same time focusing on your health and wellness.

Program options include: the visual arts, photography, dance, drama, music and creative writing. The Arts on Prescription program will encourage you to discover new interests and connect with your community through art making. Programs will be run in small groups, for one or two sessions each week, for up to 8 weeks.

Sessions will be delivered:
- HammondCare’s Centre for Positive Ageing and Care in South West Sydney, or
- HammondCare’s North Turramurra site and Neringah Hospital in Wahroonga.

Programs will cater for both men and women, and carers are welcome in some programs.

No previous experience is necessary.

What can you gain from the program?
- An opportunity to use or develop artistic skills
- Community connection and social interaction
- Help through tough times, such as bereavement
- Improved physical fitness and strength
- Help to reduce stress and anxiety
- Purpose and a new sense of self

Is there a cost involved?
There is no cost to participate. All art materials are provided free of charge for use during the program.

How can I participate in the program?
If you would like to participate and are 65 years or older (or 50 years or older and from an Aboriginal or Torres Strait Islander community), then talk to your GP, Pharmacist, Allied Health Professional or Nurse, who will complete a referral form for the program. The Arts on Prescription team will work with you to choose a program that suits your interests and needs.

Like to know more?
Phone: 8788 3900
Email: aop@hammond.com.au
Facebook: www.facebook.com/artsinageing

In partnership with the South Western Sydney Primary Health Network
This program is funded by the Australian Government Department of Social Services.
**NSW FALLS PREVENTION NETWORK FORUM**

**Key Focus: Person-centred care**

**Friday 22 May 2015**

**EVALUATION SUMMARY**

The NSW Falls Prevention Network Forum was held on Friday May 22, 2015, at the Wesley Conference Centre, Sydney and was opened by Dr Nigel Lyons, A/Chief Executive, Clinical Excellence Commission and Chief Executive, Agency for Clinical Innovation. The Welcome to Country was given by Uncle Chicka Madden. This year the special focus was on Person-centred care. A copy of the program with abstracts and presenters biographies and PDFs of all presentations can be accessed at: [http://fallsnetwork.neura.edu.au/events/2015-events/](http://fallsnetwork.neura.edu.au/events/2015-events/)

**Forum Summary**

Participants: 340 (there were 374 registered to attend the day), from hospitals, community services, residential aged care, health promotion, local government and consumer representatives and including the 30 presenters and session chairpersons.

**The Pam Albany Guest Lecture**

Ms Lorraine Lovitt was invited to deliver the Pam Albany Guest Lecture on 10 years on NSW Falls Prevention Program.

**Web-streaming**

- The morning Plenary Sessions were web streamed with 61 participants taking part in the live web-streaming including a number from interstate and overseas.
- There have been over 390 views post event to end of May 2015
- Feedback was positive with those joining the sessions finding them informative and relevant and almost as good as attending the forum.

**Recording of Plenary Sessions**

The Plenary Session presentations were filmed and are now available on DVD. Those who were unable to attend the forum and who reside/work in NSW and would like a copy, can order one by sending an email to e.vance@neura.edu.au with their name, position a facility (eg hospital) or organisation, Local Health District, mailing address and how they will use the recording (e.g. education sessions with staff, share with colleagues, personal use). There is no charge for NSW Health facilities and affiliated organisations.

**Trade Displays**

There were 13 trade exhibits with 22 representatives manning the exhibit stalls. Trade Exhibitors included; Active Mobility, Agency for Clinical Innovation, Alzheimers’ Australia, Guide Dogs NSW/ACT, Invisa-Beam International, Macular Disease Foundation Australia, Medical Industries Australia, Parkinson’s Disease Australia, Patterson Medical, Safety and Mobility, Statina Healthcare Australia, Vision Australia, Welch Allyn.

**Evaluation**

214 evaluations were completed and returned, a return rate of 63% which is acceptable.

**Evaluation Summary:**

**Professional Groups**

- Allied Health (57.1%)
- Nursing (21.7%)
- Health Promotion (11.6%)
- Other (11%) which included Research, Falls prevention coordinator’s, Lifestyle Activities, Social work, Aged care planning, Clinical Governance and ASET.
Work Settings

This forum engages with professionals from each of the care settings.

- Community (40%)
- Hospital (41%)
- Residential Aged Care (RAC) (10.1%).
- A number of respondents worked across settings including Hospital and Community (10.6%), Community and RAC (5.3%) and some work across all settings (3.6%).

Plenary Session ratings

75% of respondents rated both Plenary Sessions 1 and 2 as excellent or very good. The Concluding Session was rated as excellent or very good by 78% of respondents.

Fall prevention activities

77% of respondents indicated they were involved in a number of fall prevention initiatives in their workplace, with:

- 33% involved in community programs including exercise programs (either group or individually prescribed and in all care settings);
- 20% involved with Stepping On programs;
- 11% involved in Hospital falls risk screening and prevention initiatives including CHOPs and Standard 10 implementation;
- 9.1% providing education for clients or staff;
- 8.5% members of falls committee;
- Other falls prevention activities such as: CPI projects (3.7%), Screening and Assessment in subacute, outpatients and community settings (3.7%) and involved in Falls and/or Fracture Clinics (2.4%).

Falls prevention activities that they intended to progress included:

- Safety Huddle (10.3%)
- Patient education (6%)
- Increase or introduce balance exercise programs (6%)
- Improve communication with staff and patients/clients (3%)
- Introducing CHOPs (2%)
- Others included the development of programs for specific population groups, use of individual patient specials, reviewing the management of unwitnessed falls and developing resources promoting safety in old age.

Overall the majority of respondents enjoyed the meeting and found the information provided relevant to their work area.

Key messages from forum

- The key messages that respondents gained from attending the forum included (% of respondents):
  - Patient centred care, communication and consumer involvement in care plan is vital (20%)
  - Patient education and awareness about falls is crucial (16%)
  - Good communication with clients/patients is essential (14%)
  - Update of the research evidence and practice in falls prevention is important for their practice (13%)
  - Depression is a risk factor for falls (9%)
  - Exercise needs to challenge balance and be of sufficient dose for falls prevention (7%)
  - The use of patient/consumer stories can be very effective (6%)
  - Variety of strategies to prevent falls (6%)
  - New technologies for falls prevention (4%)
Effectiveness of multifaceted/multifactorial multidisciplinary interventions (4%)

Importance of Staff engagement and communication (4%).

Suggestions for Falls Topics

The main suggestions for falls prevention topics respondents would like further information about included:

- Strategies for preventing falls in cognitive impairment and dementia (11%)
- Falls prevention in specific populations e.g. Parkinson’s disease, CALD, Mental health, amputees, post stroke, TBI, Huntington’s disease (10%)
- Regular updates of research and new information (10%)
- Specific falls prevention exercises and their progression in hospital and community settings (10%)
- Engaging clients in community programs (7%)
- Specific interventions and practical ideas for community clients/older people (7%)
- Case studies and details on individualised patient education in hospital (5%)
- Implementing the CHOPs program (5%)
- Implementing a Safety Huddle (3%)
- Falls prevention strategies for depression (3%)
- Medication and falls strategies (3%)
- Nutrition and falls prevention (3%)
- Use of new technologies such as accelerometers (2%).

Other suggestions included:

- Impact of the Stepping On Program in LHDs
- Follow on community groups and alternatives
- Motivation for exercise especially in mental health
- Promoting falls prevention programs
- Falls prevention in rural and remote areas with limited resources
- PEACE project update
- Continence and falls risk.

Professional Development

The main suggestions for professional development that respondents would find useful centred on a number of themes:

- Community – engaging clients in program and examples of community service falls prevention activities.
- Hospital – initiatives that are effective and sustainable, discipline specific education, improving collection of falls data, strategies for patients with dementia and/or delirium.
- Residential care – falls prevention strategies for residents with dementia and multidisciplinary team communication strategies.
- Education – Brain storming workshops to improve staff and patient education, workshops for those in rural and remote settings addressing their challenges.
- Exercise – training in balance and strength exercises, engaging older people in exercise and improving compliance, use of technology with balance training.
- Research – regular updates on current research, access to the published literature and practical application of the research.
- Interventions for specific risk factors – cognitive behavioural therapy for depression and fear of falling, falls and nutrition, dizziness and vestibular rehab, strategies for vision impaired populations.
These suggestions will be used in planning future forums including rural forums and webinars.

**Future Communication**

Respondents indicated that the best way to communicate falls prevention information to them was through (asked to label 1-6 with 1 most useful and 6 least useful):

- Forums (51%)
- emails (48%)
- workshops (31%)
- webinars (18%)
- website (16%)
- on-line module (15%).

Most respondents preferred communication through forums or emails and workshops, whereas webinars, the website or on-line modules were the least preferred options.

**Overall comments on the forum were very positive, a selection is provided in the box below**

- ‘Great day, well organised (10% respondents)’
- ‘Thank you for making an affordable option for education’
- ‘A good day, very stimulating’
- ‘Excellent presenters and very interesting and inspiring diverse range of falls prevention projects’
- ‘Thoroughly enjoyed day, very useful and excited to put into practice what I’ve learnt’
- ‘One of the best forums I have attended’
- ‘Really enjoyed how client centred all the research & program planning is focusing’
- ‘More information on falls in rehab and post stroke, TBI and post amputation’
- ‘An outline of each talk would be helpful and space to take notes in the program’
- ‘Information very useful but more engagement would be good to keep people focused’
- ‘Main theatre was too cold to be comfortable’
- ‘Lack of interaction, really need question time factored in’
This forum provides a mechanism for sharing current falls prevention research and best practice across the continuum of care and gives participants an opportunity to network and share with colleagues. Recording and web-streaming of the sessions have increased the reach of this forum, to those professionals who are unable to attend the day, or who would like to listen to the presentations again following the forum. Recording of the Plenary Session Presentations is now available on DVD at:

http://fallsnetwork.neura.edu.au/blog/uncategorized/falls-forum-plenary-sessions-dvd/
Participants in the Trade Display area

Macular Diseases Foundation display

Registration desk manned by NeuRA staff

Statina Healthcare display

Vision Australia Display

Active Mobility display

Falls Network table

Safety and Mobility display

Medical Industries Australia display

Parkinson’s Disease Australia display

Guide Dogs NSW display
Webinars, Websites, Meetings & Conferences

3rd Aged Health Collaborative Forum, Westmead Education and Conference Centre, Friday 16th October

*Empowering the older person: Recovery, enablement, and consumer directed care in NSW*

See flyer on next page, registrations are now open and limited to 250 participants.

The Australian Association of Gerontology, 48th National Conference

“*Place Spirit Heart: Exploring Experiences of Ageing*”

Alice Springs 4-6 November 2015

The theme was chosen to reflect some of the characteristics of living and working in remote Australia. Holding the conference in the heart of Australia will provide delegates with an opportunity for both personal and professional reflection. It will be an opportunity to explore the variety of experiences of ageing, especially for people living in rural and remote locations.

The 2015 Conference promises to provide you with a uniquely Territorian experience, as well as provide the opportunity to experience what some of the Central Australian community has to offer including a range of arts, cultural and adventure activities.

Access the Program

12th Australasian Injury Prevention and Safety Promotion Conference

*Impact and Innovation: Preventing injury in a changing world*

25-27 November 2015, The University of Sydney

With a theme of “Impact and Innovation: Preventing Injury in a Changing World”, the Conference will be a multi-disciplinary event featuring representatives from all facets of injury prevention including research, teaching, practice and policy. Themes will be varied and cover topics such as child and family safety, road and transport safety, falls and ageing, water safety (including drowning), burns prevention, injury in a global perspective, rural and remote injury prevention, sports injury prevention and treatment, workplace safety, injury amongst Aboriginal and Torres Strait Islander communities and more.

The conference is expected to attract over 250 delegates including health professionals, researchers, medical practitioners, local, state and commonwealth government officers, workplace health and safety professionals and other interested people. These delegates will each have an opportunity to share knowledge and ideas and to form fruitful networks and new partnerships.

Program and further information
3rd Aged Health Collaborative Forum

SAVE THE DATE

Empowering the older person: Recovery, enablement, and consumer-directed care in NSW

Date: Friday, 16 October 2015
Time: 9:00-4:30pm
Location: Westmead Education and Conference Centre
Level 2 Education Block Westmead Hospital
Cnr Hawkesbury Road and Darcy Road Westmead NSW 2145
Cost: Free
Contact: Glen Pang, ACI
T 9464 4630 M 0407 995 329
glen.pang@health.nsw.gov.au

The Aged Health Collaborative Forum is a collaboration between:
- NSW Ministry of Health’s Aged Care Unit; Nursing and Midwifery Office; Older People’s Mental Health Policy Unit; Whole of Health Program
- Agency for Clinical Innovation
- Clinical Excellence Commission
- Health Education and Training Institute

Join us for the 3rd Aged Health Collaborative Forum. The theme for this year’s collaborative forum concerns how the key concepts of recovery, enablement, and consumer directed care apply for older people across the range of health settings.
Abstracts
Recent abstracts from the research literature

Reviews
Cultural influences on exercise participation and fall prevention: a systematic review and narrative synthesis

Affiliation: Faculty of Health Sciences, The University of Sydney, Sydney, Australia.
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Abstract

**PURPOSE:** We aim to provide a systematic review of qualitative research evidence relevant to the experiences and perceptions of program providers and participants from culturally and linguistically diverse (CALD) backgrounds regarding (i) exercise and (ii) fall prevention programs for older people.

**METHOD:** Using a narrative synthesis approach, we reviewed published journal articles reporting qualitative data. Electronic and manual literature searches were conducted to identify 19 publications that met the inclusion criteria. Of these, 16 discussed exercise and three focused on broader fall prevention programs. However, no studies were identified that explored the perspective of the program providers.

**RESULTS:** An overarching theme emerged identifying the influence of cultural values and perceptions on program participation. Also, identified were motivational, social and environmental influences.

**CONCLUSION:** Exercise and fall prevention interventions need to be culturally appropriate and utilise the positive influences of social support, especially from physicians and family. While these findings can be used to inform the delivery of programs to these population groups, future studies should focus specifically on experiences and perceptions of older CALD people of fall prevention programs as well as the perspectives of program providers. Implications for Rehabilitation Program participation is influenced by cultural values and motivational, social and environmental factors. The meaning and importance of exercise can vary between and within cultures. Exercise and fall prevention interventions need to be culturally appropriate and utilise the positive influences of social support, especially from physicians and family. Providing information that falls can be prevented and the reasons why behaviours need to change will be more likely to encourage older people from CALD backgrounds to contemplate participation.

Anti-dementia drugs-related changes in gait performance while single and dual tasking in patients with Alzheimer disease: a meta-analysis
Beauchet O, Cp L, Montero-Odasso M, Annweiler C, Allali V.

Affiliation: Department of Neuroscience, Division of Geriatric Medicine, Angers University Hospital, 49933 Angers cedex 9, France. olbeauchet@chu-angers.fr.
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Abstract

**BACKGROUND:** The effects of anti-dementia drugs on gait performance in Alzheimer disease (AD) are questionable. The objective of this meta-analysis was to examine the effects of anti-dementia drugs on the mean value and the coefficient of variation (CoV) of stride time among patients with AD while taking into account the type of drugs (i.e., acetylcholinesterase inhibitors [AChEIs] versus memantine) and the walking conditions (i.e., single versus dual-task).

**METHODS:** An English and French Medline search was conducted in March 2015, with no limit of date, using the Medical Subject Headings terms “pharmaceutical preparations” combined with terms “Pharmaceutical preparations” OR “Therapeutic uses” OR “Drug substitution” OR “Drugs essential” OR “Drugs, Generic” OR “Psychotropic drugs” combined with “Delirium” OR “Dementia” OR “Amnestic” OR “Cognitive disorders” AND “Gait” OR “Gait Ataxia” OR “Gait disorders, Neurologic” OR “Gait apraxia”. Fixed-effects meta-analyses were used to examine anti-dementia drugs-related changes in mean value and CoV of stride time.

**RESULTS:** Of the 66 identified abstracts, 5 (7.6%) were included in the meta-analysis. Inter-group comparison of between-visit change underscored a significant decrease in CoV of stride time (P<0.004) in intervention group.
compared to control group, whatever the pooled analysis considered, but no significant change in the mean value (P>0.06). Intra-group changes in stride time parameters following the use of anti-dementia drugs showed a significant decrease for memantine (P<0.001) and while pooling AChEIs and memantine (P<0.001) under single task condition. Under dual task condition, only AChEIs improved significantly stride time parameters (P=0.002).

CONCLUSIONS: Anti-dementia drugs demonstrated a significant improvement of gait performance with specific class effect depending on the walking conditions and on the type of stride time parameters considered.

Deprescribing benzodiazepines and Z-drugs in community-dwelling adults: a scoping review
Pollmann AS, Murphy AL, Bergman JC, Gardner DM.


Affiliation: Department of Psychiatry and College of Pharmacy, Dalhousie University, QEII HSC, AJLB 7517, 5909 Veterans’ Memorial Lane, Halifax, NS, B3H 2E2, Canada. david.gardner@dal.ca.

Abstract
BACKGROUND: Long-term sedative use is prevalent and associated with significant morbidity, including adverse events such as falls, cognitive impairment, and sedation. The development of dependence can pose significant challenges when discontinuation is attempted as withdrawal symptoms often develop. We conducted a scoping review to map and characterize the literature and determine opportunities for future research regarding deprescribing strategies for long-term benzodiazepine and Z-drug (zopiclone, zolpidem, and zaleplon) use in community-dwelling adults.

METHODS: We searched PubMed, Cochrane Central Register of Controlled Trials, EMBASE, PsycINFO, CINAHL, TRIP, and JBI Ovid databases and conducted a grey literature search. Articles discussing methods for deprescribing benzodiazepines or Z-drugs in community-dwelling adults were selected.

RESULTS: Following removal of duplicates, 2797 articles were reviewed for eligibility. Of these, 367 were retrieved for full-text assessment and 139 were subsequently included for review. Seventy-four (53 %) articles were original research, predominantly randomized controlled trials (n = 52 [37 %]), whereas 58 (42 %) were narrative reviews and seven (5 %) were guidelines. Amongst original studies, pharmacologic strategies were the most commonly studied intervention (n = 42 [57 %]). Additional deprescribing strategies included psychological therapies (n = 10 [14 %]), mixed interventions (n = 12 [16 %]), and others (n = 10 [14 %]). Behaviour change interventions were commonly combined and included enablement (n = 56 [76 %]), education (n = 36 [47 %]), and training (n = 29 [39 %]). Gradual dose reduction was frequently a component of studies, reviews, and guidelines, but methods varied widely.

CONCLUSIONS: Approaches proposed for deprescribing benzodiazepines and Z-drugs are numerous and heterogeneous. Current research in this area using methods such as randomized trials and meta-analyses may too narrowly encompass potential strategies available to target this phenomenon. Realist synthesis methods would be well suited to understand the mechanisms by which deprescribing interventions work and why they fail.

Epidemiology
INJURIES AND OUTCOMES ASSOCIATED WITH TRAUMATIC FALLS IN THE ELDERLY POPULATION ON ORAL ANTICOAGULANT THERAPY
Boltz MM, Podany AB, Hollenbeak CS, Armen SB.


Affiliation: Department of Surgery, The Pennsylvania State University, College of Medicine, Hershey, PA, United States. Electronic address: sarmen@hmc.psu.edu.

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Abstract
INTRODUCTION: Fall risk for older adults is a multi-factorial public health problem as 90% of geriatric injuries are caused by traumatic falls. The CDC estimated 33% of adults >65 years incurred a fall in 2011, with 30% resulting in moderate injury. While much has been written about overall risk to trauma patients on oral anticoagulant (OAC)
therapy, less has been reported on outcomes in the elderly trauma population. We used data from the National Trauma Data Bank (NTDB) to identify the types of injury and complications incurred, length of stay, and mortality associated with OACs in elderly patients sustaining a fall.

METHODS: Using standard NTDB practices, data were collected on elderly patients (≥65 years) on OACs with diagnosis of fall as the primary mechanism of injury from 2007 to 2010. Univariate analysis was used to determine patient variables influencing risk of fall on OACs. Odds ratios were calculated for types of injury sustained and post-trauma complications. Logistic regression was used to determine mortality associated with type of injury incurred.

RESULTS: Of 118,467 elderly patients sampled, OAC use was observed in 444. Predisposing risk factors for fall on OACs were >1 comorbidity (p<0.0001). Patients on OACs were 188% and 370% more likely to develop 2 and >3 complications (p<0.0001); the most significant being ARDS and ARF (p<0.0001). The mortality rate on OACs was 16%. Injuries to the GI tract, liver, spleen, and kidney (p<0.0002) were more likely to occur. However, if patients suffered a mortality, the most significant injuries were skull fractures and intracranial haemorrhage (p<0.0001).

CONCLUSIONS: Risks of anticoagulation in elderly trauma patients are complex. While OAC use is a predictor of 30-day mortality after fall, the injuries sustained are markedly different between the elderly who die and those who do not. As a result there is a greater need for healthcare providers to identify preventable and non-preventable risks factors indicative of falls in the anti-coagulated elderly patient.

Older adults’ perceptions of fall detection devices
Affiliation: University of Washington, Seattle, USA.
(Copyright © 2015, Sage Publications)

Abstract
A third of adults over the age of 65 are estimated to fall at least once a year. Perhaps as dangerous as the fall itself is the time spent after a fall if the person is unable to move. Although there are many devices available to detect when a person has fallen, little is known about the opinions of older adults regarding these fall detection devices (FDDs). We conducted five focus groups with 27 older adults. Transcripts from sessions were coded to generate themes that captured participants’ perceptions. Themes were identified that related to two topics of interest: (a) personal influences on the participants’ desire to have a FDD, including perceived need, participant values, and cost, and (b) participant recommendations regarding specific features and functionalities of these devices such as automation, wearable versus non-wearable devices, and device customization. Together, these themes suggest ways in which FDDs may be improved so that they are suitable for their intended population.

Fear of Falling
The effect of yoga on balance and fear of falling in the older adults
PM R 2015; ePub(ePub): ePub.
Affiliation: Instructor, Community Health Department, Fatemeh (P.B.U.H) School of Nursing & Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran. Electronic address: Jahanbii@sums.ac.ir.
(Copyright © 2015, American Academy of Physical Medicine and Rehabilitation, Publisher Elsevier Publishing)

Abstract
OBJECTIVE: To determine the effect of yoga on balance and fear of falling in the older adults.

DESIGN: Randomized Control Trial

SETTING: Jahandidegan center in Shiraz, southern Iran.

PARTICIPANTS: Forty participants (17 men and 23 women) aged between 60-74 years, with a Modified Falls Efficacy Scale (MFES) score of < 8 and Berg Balance Scale (BBS) score of < 45. After completing the MFES questionnaire and BBS, the participants were divided into intervention and control groups. BBS and MFES questionnaire were completed immediately after the intervention.
INTERVENTION: The intervention group participated in two practice sessions per week for 8 weeks. The control group received no intervention.

MAIN OUTCOME MEASUREMENTS: We measured fear of falling with Modified Falls Efficacy Scale and balance with Berg Balance Scale.

RESULTS: We found a significant difference in the change in both variables between the two groups (P<0.0001). Mean difference pre- post intervention of BBS for yoga and control groups were 10.19 and -1.16 respectively. Also, Mean difference pre- post intervention of MFES for yoga and control groups were 1.62 and -0.21 respectively.

CONCLUSION: Yoga could be used as a potential intervention to reduce fear of falling and improve balance in the older adults.

Affiliation:Department of Occupational Therapy, Howon University, Republic of Korea. (Copyright © 2015, Society of Physical Therapy Science)

Abstract

PURPOSE: This study was to assessed the efficacy of a complex exercise program for the elderly, with respect to the effects on walking ability during direction change and on falls efficacy. [Subjects] In total, 40 subjects were selected for this study and assigned randomly to either a complex exercise (n = 20) or a general exercise (n = 20) group.

METHODS: The complex exercise consisted of resistance and aerobic exercises. The exercise program was conducted three times a week for eight weeks. We assessed outcome measures of the four square step test, the figure-of-8 walk test, and the falls efficacy scale.

RESULTS: After the intervention, the four step square test, figure-of-8 walk test, and falls efficacy scale values increased significantly in both the complex exercise program and general exercise groups. The complex exercise group showed a more significant improvement than the general exercise group in the figure-of-8 walk test step and falls efficacy scale scores.

CONCLUSION: Complex exercise improved walking ability during direction change and falls efficacy in elderly individuals.

Affiliation:Department of Occupational Therapy, Howon University, Republic of Korea. (Copyright © 2015, Society of Physical Therapy Science)
CONCLUSION: Complex exercise improved walking ability during direction change and falls efficacy in elderly individuals.

**Functional restriction for the fear of falling in family caregivers**
Shen J, Hu F, Liu F, Tong P.
*Medicine (Baltimore)* 2015; 94(27): e1090.

Affiliation: Orthopedic Department, The First Affiliated Hospital of Zhejiang Chinese Medical University, Zhejiang Provincial Hospital of TCM, Hangzhou (JS, FL, PT); Orthopedic Department, Tianjin Hospital, Tianjin, PR China (FH).

(Permission © 2015, Lippincott Williams and Wilkins)

Abstract

Hip fractures often result from falls, and most family caregivers fear another fall. This study aimed to assess this fear in family caregivers and analyze its influence on functional recovery. This study was retrospectively performed by interview at the clinic or through telephone contact. The Falls Efficacy Scale International (FES-I) was used to assess fall-related feelings of patients and their family caregivers. Of the 539 patients studied, hip fracture was caused by a fall in 467 (86.6%). The mean FES-I value of the family caregivers was significantly lower than that of the patients (85.39 versus 99.02, P < 0.001). The mean patient functional recovery score (FRS) was 68.41. A fracture caused by a fall and recurrent fall-related fractures both reduced caregiver FES-I scores. The difference between patient and caregiver FES-I scores showed a significant positive correlation with the FRS (P < 0.001). Family caregivers were more concerned about falls than were patients. Furthermore, a greater difference in the fall-related reaction between caregivers and patients was associated with greater adverse effects on rehabilitation.

**Risk Assessment**

**Predicting risk of the fall among aged adult residents of a nursing home**

Affiliation: Hull and East Yorkshire NHS Hospitals Trust, East Riding of Yorkshire, UK.

(Permission © 2015, Elsevier Publishing)

Abstract

BACKGROUND: Fall is one of the most important outcomes of geriatric medicine. The European Assessment System (EASY) Care Standard provides a tool for assessing the risk of the falls. We aimed to evaluate the validity of the Easy-Care risk of the falls (ECRF) sub-score among the residents of a large nursing home.

METHOD: A longitudinal study was conducted within a maximum of 34 months following up for falling in Kahrizak Charity Foundation. At the baseline the demographic, mental status and the depression data of 194 subjects aged ≥ 60 was collected. The Easy-Care standard tools and Performance-Oriented Mobility Assessment (POMA) were also used for data collecting. The time, location, and cause of the falls were recorded immediately after each fall incident. The correlation between POMA and ECRF scores and the factor analysis of ECRF were considered as the concurrent and construct validity respectively. The factor affecting the fall occurrence was assessed using the Cox-regression model.

RESULT: The mean age of the participants was 76.02 (SD 8.82). Fifty two individuals (27.3%) fell at least once during the mean 756 (SD 187)-day follow up. The Spearman correlation coefficient between ECRF and POMA scores was -0.458 (P < 0.01). Three components were detected in the factor analysis of the ECRF. In the univariate Cox-regression model, the hazard ratio was 1.04 (CI: 1.00-1.07) for each score increase of the ECRF. For the six-month follow-up, at the ECRF cut-off point two of eight, the sensitivity and specificity were calculated as 85.7% and 64.5% respectively.

CONCLUSION: It seems that the ECRF is a valid tool for predicting the next 6 months’ fall incidents in older adults.
Longitudinal analysis of physical performance, functional status, physical activity, and mood in relation to executive function in older adults who fall

Best JR, Davis JC, Liu-Ambrose T.


Affiliation: Centre for Hip Health and Mobility, Vancouver Coastal Health Research Institute, Vancouver, British Columbia, Canada.

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**Abstract**

**OBJECTIVES:** To examine whether good executive function (EF; the cognitive processes important for goal-oriented and controlled behavior) at baseline and maintenance of EF over time predict maintenance of physical performance, functional status, physical activity, and mood over a 1-year period, and conversely, to examine whether baseline functioning in these noncognitive domains predicts maintenance of EF over the same period of time.

**DESIGN:** 12-month prospective cohort study.

**SETTING:** Vancouver Falls Prevention Clinic.

**PARTICIPANTS:** Community-dwelling older adults (N = 199; mean age 81.6 ± 6.5; 63% female) referred to the clinic after a fall.

**MEASUREMENTS:** At each time point, structural equation modeling created a latent EF variable from performance on five EF tasks. Physical performance (physiological falls risk and gait speed), instrumental activities of daily living (IADLs), physical activity, and depressive symptoms were also assessed at each time point.

**RESULTS:** Higher baseline EF predicted decreases in depressive symptoms (P = .005) and maintenance of IADLs (P = .006) from baseline to follow-up. Improvements in EF correlated with increases in gait speed (P = .005) and physical activity (P = .03) and with the maintenance of IADLs (P = .002) over follow-up. All effects were independent of demographic characteristics and global cognitive function. Baseline performance in the noncognitive domains did not predict changes in EF.

**CONCLUSION:** In older fallers, EF is a marker of resiliency in several noncognitive domains and should therefore be assessed. Furthermore, interventions to improve EF should be tested in older fallers with EF deficits.

Excessive daytime sleepiness and falls among older men and women: cross-sectional examination of a population-based sample


Affiliation: NorthWest Academic Centre, Department of Medicine, The University of Melbourne, CHRE Building, Level 3 East, Sunshine Hospital, 176 Furlong Road, St Albans, Melbourne, Australia. juliep@barwonhealth.org.au.

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**Abstract**

**BACKGROUND:** Excessive daytime sleepiness (EDS) has been associated with an increased risk for falls among clinical samples of older adults. However, there is little detailed information among population-representative samples. The current study aimed to assess the relationship between EDS and falls among a cohort of population-based older adults.

**METHODS:** This study assessed 367 women aged 60-93 years (median 72, interquartile range 65-79) and 451 men aged 60-92 years (median 73, interquartile range 66-80) who participated in the Geelong Osteoporosis Study between the years 2001 and 2008. Falls during the prior year were documented via self-report, and for men, falls risk score was obtained using an Elderly Fall Screening Test (EFST). Sleepiness was assessed using the Epworth Sleepiness Scale (ESS), and scores of ≥ 10 indicated EDS. Differences among those with and without EDS in regard to falls were tested using logistic regression models.
RESULTS: Among women, 50 (13.6 %) individuals reported EDS. Women with EDS were more likely to report a fall, and were more likely to report the fall occurring outside. EDS was similarly associated with an increased risk of a fall following adjustment for use of a walking aid, cases of nocturia and antidepressant medication use (adjusted OR = 2.54, 95 % CI 1.24-5.21). Multivariate modelling revealed antidepressant use (current) as an effect modifier (p < .001 for the interaction term). After stratifying the data by antidepressant medication use, the association between EDS and falls was sustained following adjustment for nocturia among antidepressant non-users (adjusted OR = 2.63, 95 % CI 1.31-5.30). Among men, 72 (16.0 %) individuals reported EDS. No differences were detected for men with and without EDS in regard to reported falls, and a trend towards significance was noted between EDS and a high falls risk as assessed by the EFST (p = 0.06), however, age explained this relationship (age adjusted OR = 2.20, 95 % CI 1.03-1.10).

CONCLUSIONS: For women, EDS is independently associated with at least one fall during the previous year, and this is more likely to occur whilst located outside. Amelioration of EDS may assist in improving functional outcomes among these individuals by reducing the risk for falls.

Risk Factors for new accidental falls in elderly patients at traumatology ambulatory center
Affiliation: Universidade de Évora, Portugal.

OBJECTIVE: To identify the risks factors for new accidental falls in elderly patients attended in the Traumatology Ambulatory of a University hospital in Rio Grande do Sul, Brazil.

METHODOLOGY: Quantitative study of the type of multiple cases. Performed at the traumatology ambulatory, amongst fifteen elders that attended the inclusion criteria: age of sixty or more; patient at the traumatology ambulatory because of a fall motivated by accident, oriented and in conditions of answer an interview of data collectors. The data collection was made between April and June, 2013, with the Elderly Nursing Core Set scale (Lopes & Fonseca). The data analysis was made by a descriptive structure, which helped identify the existence of relation patterns among the cases.

RESULTS: The risk factors for new accidental falls identified with larger incidence amongst the elders studied were: impaired balance (15/15), age above 65 (11/15), use of antihypertensive drugs (9/15), absence of non-slip material at home environment (7/15), in seven cases; rugs scattered at the floor of the house (6/15).

CONCLUSION: The combination of intrinsic and extrinsic factors that include the environmental risks is considered a much more relevant cause to occur the new falls. The minimization of the home dangers, allied to the control of the elder intrinsic factors, may reduce the risks of causes. In that sense, is necessary that the nursing team make available more attention to the elderly assisted at the ambulatories, mainly those with sequelae due to fall accidents.

Comorbidity-polypharmacy score predicts readmission in older trauma patients
Housley BC, Stawicki SP, Evans DC, Jones C.
Affiliation: Division of Trauma, Critical Care and Burn, Department of Surgery, The Ohio State University College of Medicine, Columbus, Ohio. Electronic address: christian.jones@osumc.edu.

BACKGROUND: Hospital readmissions are considered to be a measure of quality of care, correlate with worse outcomes, and may soon lead to decreased reimbursement. The comorbidity-polypharmacy score (CPS) is the sum of the number of preinjury medications and comorbidities, and may estimate patient frailty more effectively than patient age. This study evaluates the association between CPS and readmission.

METHODS: Medical records for trauma patients ≥45 y evaluated between January 1 and December 31, 2008,
at our American College of Surgeons-verified level 1 trauma center were reviewed to obtain information on demographics, injuries, preinjury comorbidities, and medications, and occurrences of readmission to our facility within 30 d of discharge. Chi-square and Kruskal-Wallis testing was used to evaluate differences between readmitted and non-readmitted patients, with multiple logistic regression used to evaluate the contribution of independent risk factors for readmission.

RESULTS: A total of 879 patients were included; their ages ranged from 45-103 y (median 58), injury severity scores from 0-50 y (median 5), and CPS from 0-39 y (median 7). A total of 76 patients (8.6%) were readmitted to our facility within 30 d of discharge. The readmitted cohort had higher CPS (median, 9.5, range 0-32, P = 0.031) and injury severity score (median, 9, range 1-38, P = 0.045), but no difference in age (median, 59.5, range 47-99, P = 0.646). Logistic regression demonstrated independent association of higher CPS with increased risk of readmission, with each CPS point increasing readmission likelihood by 3.5% (P = 0.03).

CONCLUSIONS: CPS appears to correlate well with readmissions within 30 d. Frailty defined by CPS was a significantly stronger predictor of readmission than was patient age. Early recognition of elevated CPS may improve discharge planning and help guide interventions to decrease readmission rates in older trauma patients.

**Dizziness and unstable gait in old age**
Jahn K, Kressig RW, Bridenbaugh SA, Brandt T, Schniepp R.

Affiliation: German Center for Vertigo and Balance Disorders, Großhadern Hospital, Ludwig-Maximilian-Universität, München, Schön Klinik Bad Aibling, Basel University and University Center for Geriatrics and Rehabilitation, Felix Platter Hospital, Basel, Switzerland, Institute for Clinical Neurosciences, Großhadern Hospital, Ludwig-Maximilian-Universität, Munich, Neurological Clinic and Policlinic, Großhadern Hospital, Ludwig-Maximilian-Universität Munich.

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**Abstract**

BACKGROUND: Dizziness and unsteady gait are common in the elderly but are too often dismissed as supposedly nonspecific, inevitable accompaniments of normal aging. For many affected persons, the factors leading to dizziness and gait impairment in old age are never identified, yet some of these factors can be specifically detected and treated.

METHODS: This review is based on publications (2005-2014) retrieved by a selective search in PubMed on the terms “aging,” “dizziness,” “elderly,” “gait,” “gait disorder,” “geriatric, “locomotion,” and “vertigo.”

RESULTS: Dizziness interferes with the everyday activities of 30% of persons over age 70 and is so severe that it constitutes a reason for consulting a physician. The more common causes of dizziness and unsteady gait in old age are sensory deficits, such as bilateral vestibular failure, polyneuropathy, and impaired visual acuity; benign paroxysmal positioning vertigo; and central disorders such as cerebellar ataxia and normal-pressure hydrocephalus. Further relevant factors include sedative or antihypertensive medication, loss of muscle mass (sarcopenia), and fear of falling. Many elderly persons have multiple factors at the same time. Benign paroxysmal positioning vertigo can be effectively treated with specific physical maneuvers. Sedating drugs are indicated only for the treatment of acute rotatory vertigo and are not suitable for long-term use. Sarcopenia can be treated with physical training.

CONCLUSION: If a specific cause can be identified, dizziness and gait unsteadiness in old age can often be successfully treated. The common causes can be revealed by systematic clinical examination. Controlled clinical trials on the efficacy of treatments for elderly persons are urgently needed.

**Fall related to epileptic seizures in the elderly**
Nguyen-Michel VH, Bornand A, Balathazar AM, Kinugawa K, Lâm XY, Piette F, Mariani J, Dupont S.
Epileptic Disord. 2015; ePub(ePub): ePub.

Affiliation: Sorbonne Universities, UPMC University of Paris 6, UMR 8256 B2A, Paris, Department of Rehabilitation, Pitié-Salpêtrière-Charles Foix Univeristy Hospital, Paris, France.

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Abstract

It is well known that both falls and epileptic seizures are very frequent and harmful in the elderly. Moreover, although seizures may cause falls, their relationship is poorly documented in this population. We report four women (mean age: 84.5 years) who presented falls with: late-onset focal seizures of possible parietal (Case 1) or frontal localisation (Case 2), early onset with late aggravation of juvenile myoclonic epilepsy (Case 3), and generalised situation-related myoclonic seizures (Case 4). Falls were presumably associated with tonic posturing of left (Case 1) or right (Case 2) hemibody, to bilateral and massive myoclonic jerks (Cases 3 and 4) with a loss of consciousness (Case 3). The diagnosis of seizures was difficult and routine EEG was unremarkable in Cases 1 and 2, requiring video-EEG monitoring to capture the clinical events. Adequate treatment offered recovery from seizures and falls in all patients. Other mechanisms of seizure-induced falls in older patients and their management are discussed. In conclusion, falls may be caused by different seizure types and appear to be underestimated due to difficulties in seizure diagnosis in the elderly. Recognizing falls related to seizures is important in geriatric practice, as it facilitates adequate management.

Interventions

Effects of a multimodal exercise program on physical function, falls, and injuries in older women: a 2-year community-based, randomized controlled trial


Affiliation: UKK Institute for Health Promotion Research, Tampere, Finland.

Abstract

OBJECTIVES: To investigate the effects of multimodal supervised exercise on physical functioning, falls, and related injuries in older women.

DESIGN: Two-year randomized controlled trial. SETTING: Tampere, Finland. PARTICIPANTS: Women aged 70 to 80 who had fallen in the previous year (n = 409). INTERVENTION: Participants were randomly assigned to an exercise or control group (ClinicalTrial.gov NCT00986466). Exercisers participated in group exercise classes twice a week for 12 months and once a week for the subsequent 12 months and home exercises. Controls maintained their current physical activity. MEASUREMENTS: Physical functioning assessed at baseline and at 6-month intervals during the intervention. Falls and related injuries monitored with fall diaries.

RESULTS: Intention-to-treat analyses showed that exercise led to significant improvements in physical functioning. Leg strength differed significantly between the groups (mean change: 14.1%, 95% confidence interval (CI) = 8.0 to 20.2 in exercisers; 1.6%, 95% CI = -4.5 to 7.7 in controls; P < .001). Chair stand time also differed significantly between groups (7.4%, 95% CI 3.8 to 10.8% in exercisers; 2.4%, 95% CI = -1.6 to 6.2) in controls; P = .02). Between-group differences were significant for fast walking speed (P = .003) and probability of completing the backward walking test (P < .001), favoring exercisers. Timed Up-and-Go and grip strength did not differ between groups. There was no difference in the total falls incidence rate ratio (IRR = 1.0, 95% CI = 0.79 to 1.26), but exercisers were less likely to have medically attended injurious falls (IRR = 0.45, 95% CI = 0.27 to 0.78; P = .004).

CONCLUSION: Twenty-four months of multimodal exercise enhanced physical functioning in women aged 70 to 80 with a history of falls. Although the total number of falls was not lower than in controls, the rate of medically attended injurious falls was more than 50% lower.

Long-term benefits of somatosensory training to improve balance of elderly with diabetes mellitus

Silva P, Figueredo Borges Botelho PF, de Oliveira Guirro EC, Vaz MM, de Abreu DC.


Affiliation: Physiotherapy Course, Department of Biomechanics, Medicine and Rehabilitation of Locomotor System, University of São Paulo, School of Medicine at Ribeirao Preto, FMRP/USP, SP, Brazil. Electronic address: dabreu@fmrp.usp.br.

Abstract

OBJECTIVES: To assess whether long-term somatosensory training, in the form of a daily exercise session, can improve balance of elderly patients with diabetes mellitus.

DESIGN: Prospective study. SETTING: Ambulatory setting. PARTICIPANTS: Participants were 30 elderly patients with type 2 diabetes mellitus who, according to standard guidelines, were classified as having poor balance (n = 15) or good balance (n = 15). INTERVENTION: Participants performed a daily somatosensory training exercise session before their routine sessions of physical therapy. The training sessions were performed in a quiet and controlled environment for 20 minutes, 5 days a week for 8 weeks. MEASUREMENTS: The Timed Up-and-Go test, the Berg Balance Scale, the gait analysis system, and the static balance test.
Abstract

We evaluate the effects of somatosensory training on the mean amplitude of the center of pressure (COP) in the upright position and the sustained benefits after 6-month. Twelve elderly patients with type II diabetes (T2DM) participated in the study. Patients with T2DM were allocated to the somatosensory protocol, which consisted of a circuit composed of 13 stations with different textures. The rehabilitation protocol was applied twice a week during the period of 12 weeks. Upright balance, in 2 situations (fixed platform with eyes open and closed) to evaluate the mean amplitude of COP oscillation in the anterior-posterior and medial-lateral directions and the total area of COP oscillation. Outcomes were assessed at baseline, post-exercise and 6-month follow-up. The somatosensory training protocol was beneficial to reduce the AP oscillation of the COP, remaining after 6 months of the end of intervention in elderly with T2DM.

"Better safe than sorry": a qualitative content analysis of participant’s perspectives of fall-related concerns and balance in older women with osteoporosis after balance training

Halvarsson A, Ståhle A, Halén C, Roaldsen KS.
Affiliation: Department of Neurobiology, Care Sciences and Society, Division of Physiotherapy, Karolinska Institutet Stockholm , Sweden .
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Abstract

PURPOSE: To explore how older women with osteoporosis perceive fall-related concerns and balance in daily life after having participated in balance training.

METHODS: Explorative study. Semi-structured interviews were conducted with 19 women (66-84 years), with osteoporosis recruited from an ongoing RCT; participants were asked about their perceived fall-related concerns and balance. Interviews were taped and transcribed verbatim. Data were analyzed using inductive qualitative content analysis.

RESULTS: One underlying theme emerged: “Internalized risk perception related to experience of bodily fragility”, and three manifest categories: empowerment, safety and menace. A dynamic process between the categories was found, in which contextual and personal factors influenced perceptions of fall-related concerns and balance, i.e. winter season may lead a person who is highly empowered and/or uses active strategies into a situation of perception of menace and avoidance of activity.

CONCLUSION: To cope with the fragility caused by osteoporosis informants had an internalized risk perception that protected them against possible threats and harm. Informants perceived improved empowerment and self-efficacy after participation in balance training. They resumed activities and became more active and independent in daily life using safety precautions and fall-prevention strategies. Depending on contextual factors, some situations still invoked fear and led to avoidance. Implication for Rehabilitation Risk awareness protecting against possible threats and harms seems to be internalized in older women living with osteoporosis. When designing fall prevention programs, it is important to recognize that contextual and personal factors have a major influence on how older women with osteoporosis perceive fall-related concerns and balance. Perception of fragility and risk seems to be a significant problem for older women with osteoporosis and health-care providers should encourage their patients to participate in tailored balance training programs to overcome these concerns.

Geriatrician interventions on medication prescribing for frail older people in residential aged care facilities

Poudel A, Peel NM, Mitchell CA, Gray LC, Nissen LM, Hubbard RE.
Affiliation: Centre for Research in Geriatric Medicine, The University of Queensland, Brisbane, QLD, Australia.
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Abstract

OBJECTIVE: In Australian residential aged care facilities (RACFs), the use of certain classes of high-risk medication such as antipsychotics, potent analgesics, and sedatives is high. Here, we examined the prescribed medications
Abstracts Continued
Recent abstracts from the research literature

and subsequent changes recommended by geriatricians during comprehensive geriatric consultations provided to residents of RACFs via videoconference.

DESIGN: This is a prospective observational study.

SETTING: Four RACFs in Queensland, Australia, are included.

PARTICIPANTS: A total of 153 residents referred by general practitioners for comprehensive assessment by geriatricians delivered by video-consultation.

RESULTS: Residents’ mean (standard deviation, SD) age was 83.0 (8.1) years and 64.1% were female. They had multiple comorbidities (mean 6), high levels of dependency, and were prescribed a mean (SD) of 9.6 (4.2) regular medications. Ninety-one percent of patients were taking five or more medications daily. Of total medications prescribed (n=1,469), geriatricians recommended withdrawal of 9.8% (n=145) and dose alteration of 3.5% (n=51). New medications were initiated in 47.7% (n=73) patients. Of the 10.3% (n=151) medications considered as high risk, 17.2% were stopped and dose altered in 2.6%.

CONCLUSION: There was a moderate prevalence of potentially inappropriate high-risk medications. However, geriatricians made relatively few changes, suggesting either that, on balance, prescription of these medications was appropriate or, because of other factors, there was a reluctance to adjust medications. A structured medication review using an algorithm for withdrawing medications of high disutility might help optimize medications in frail patients. Further research, including a broader survey, is required to understand these dynamics.

Improving walking, muscle strength, and balance in the elderly with an exergame using Kinect: a randomized controlled trial

Sato K, Kuroki K, Saiki S, Nagatomi R.


Affiliation: Division of Biomedical Engineering for Health & Welfare, Tohoku University Graduate School of Biomedical Engineering, Sendai, Japan.

Abstract

BACKGROUND: Many issues prevent elderly individuals from exercising in daily life. There is a need for a system that allows elderly individuals to engage in exercise regularly at a low cost. We developed an exergame that uses a Kinect® sensor (Microsoft Corp., Redmond, WA) and conducted a randomized controlled trial of the effects of using this exergame on muscle strength and balance in healthy elderly individuals.

SUBJECTS AND METHODS: We enrolled 57 healthy elderly individuals and randomly divided them into an intervention group (n=29) and a control group (n=28) using a table of random numbers. All participants underwent gait analyses and were examined using the Berg Balance Scale (BBS), Functional Reach Test (FRT), and the 30-second chair-stand (CS-30) test before the intervention. Participants in the intervention group played the exergame once or twice a week, up to a total of 24 times. The tests were repeated after intervention, and the scores were compared with those obtained before intervention.

RESULTS: Our results indicated that walking, muscle strength, and motor function improved in participants in the intervention group. Decreased double standing time (P=0.03), minimum foot clearance (P=0.04), BBS scores (P<0.01), CS-30 scores (P<0.01), and FRT scores (P<0.01) significantly improved in the intervention group compared with values in the control group.

CONCLUSIONS: The Kinect-based exergame developed in this study was found to be effective in improving walking, muscular strength, and balance in elderly people.

Kinematic effect of Nintendo Wii(TM) sports program exercise on obstacle gait in elderly women with falling risk

Jung DI, Ko DS, Jeong MA.


Affiliation: Department of Dental Hygiene, College of Health and Science, Kangwon National University, Republic of Korea.
Abstract

PURPOSE: This study evaluated the changes in balance ability and obstacle gait after lumbar stabilization exercise and Nintendo Wii(TM) Sports in elderly at risk for falls.

SUBJECTS AND METHODS: Twenty-four elderly women with at risk for falls were randomly divided into the control, lumbar stabilization exercise, and Nintendo Wii Sports groups. Static balance was measured by the Berg Balance Scale and functional reach test, dynamic balance by the timed up-and-go test, and obstacle negotiation function by crossing velocity and maximum vertical heel clearance.

RESULTS: Both the lumbar stabilization exercise and Nintendo Wii Sports groups showed significant improvements in obstacle negotiation function after the exercise compared to the control group. Berg Balance Scale and functional reach test scores were greater in the lumbar stabilization exercise group, while the timed up-and-go test time was significantly better in the Nintendo Wii Sports groups. [Conclusion] Lumbar stabilization exercises and Nintendo Wii Sports improve falling related balance and obstacle negotiation function in elderly women at risk for falls.

Mobility predicts change in older adults’ health-related quality of life: evidence from a Vancouver falls prevention prospective cohort study

Davis JC, Bryan S, Best JR, Li LC, Hsu CL, Gomez C, Vertes KA, Liu-Ambrose T.


Affiliation: Center for Hip Health and Mobility, University of British Columbia & VCHRI, 828 West 10th Avenue, Vancouver, BC, V5Z 1E2, Canada. teresa.ambrose@ubc.ca.

Abstract

BACKGROUND: Older adults with mobility impairments are prone to reduced health related quality of life (HRQoL) is highly associated with mobility impairments. The consequences of falls have detrimental impact on mobility. Hence, ascertaining factors explaining variation among individuals’ quality of life is critical for promoting healthy ageing, particularly among older fallers. Hence, the primary objective of our study was to identify key factors that explain variation in HRQoL among community dwelling older adults at risk of falls.

METHODS: We conducted a longitudinal analysis of a 12-month prospective cohort study at the Vancouver Falls Prevention Clinic (n = 148 to 286 depending on the analysis). We constructed linear mixed models where assessment month (0, 6, 12) was entered as a within-subjects repeated measure, the intercept was specified as a random effect, and predictors and covariates were entered as between-subjects fixed effects. We also included the predictors by sex and predictor by sex by time interaction terms in order to investigate sex differences in the relations between the predictor variable and the outcome variable, the EQ-5D.

RESULTS: Our primary analysis demonstrated a significant mobility (assessed using the Short Performance Physical Battery and the Timed Up and Go) by time interaction (p < 0.05) and mobility by time by sex interaction (p < 0.05). The sensitivity analyses demonstrated some heterogeneity of these findings using an imputed and a complete case analysis.

CONCLUSIONS: Mobility may be an important predictor of changes in HRQoL over time. As such, mobility is a critical factor to target for future intervention strategies aimed at maintaining or improving HRQoL in late life.

These abstracts have been sourced from SafetyLit.org

SafetyLit provides abstracts of peer reviewed articles from researchers who work in the more than 30 distinct professional disciplines relevant to preventing and researching unintentional injuries, violence, and self-harm. Each week citations and summaries of about 400 articles and reports are included in a PDF document or through an RSS subscription.
Joining the Network
To join the NSW Falls Prevention Network listserv, send an email to:

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In the body of the message type

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Do not put anything in the subject line. You will receive an e-mail to confirm you have been added to the listserv.

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majordomo@lists.health.nsw.gov.au

and in the body of the message type

unsubscribe nsw-falls-network

on the next line type end

If you have any problems, contact Esther Vance at e.vance@neura.edu.au.

Share your news and information/ideas
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@neura.edu.au

The Network Listserv
It is great to see the increased activity on the listserv and we 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:

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NSW Falls Prevention Network Background
The NSW Falls Prevention Network was established in 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 Ministry of 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 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 Ministry of Health.