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[Nursing Staff Develop a Video to Prevent Falls: A Quality Improvement Project](#)

Citation: Journal of nursing care quality, Jan 2016, vol. 31, no. 1, p. 40-45 (2016 Jan-Mar)

Author(s): Silkworth, Amelia L, Baker, Jennifer, Ferrara, Joseph, Wagner, Molly, Gevaart, Melinda, Morin, Karen

Abstract: Many fall prevention strategies exist with some degree of effectiveness. Evidence to support 1 unique bundling of strategies is limited. The purpose of this article is to describe a staff-driven quality improvement initiative to develop a video in partnership with patients and families to prevent falls when hospitalized. Since the video's release, the fall rate has decreased by 29.4%.

Source: Medline

[Identifying Balance Measures Most Likely to Identify Recent Falls](#)

Citation: Journal of geriatric physical therapy (2001), Jan 2016, vol. 39, no. 1, p. 30-37 (2016 Jan-Mar)

Author(s): Criter, Robin E, Honaker, Julie A

Abstract: Falls sustained by older adults are an increasing health care issue. Early identification of those at risk for falling can lead to successful prevention of falls. Balance complaints are common among individuals who fall or are at risk for falling. The purpose of this study was to evaluate the clinical utility of a multifaceted balance protocol used for fall risk screening, with the hypothesis that this protocol would successfully identify individuals who had a recent fall (within the previous 12 months). This is a retrospective review of 30 individuals who self-referred for a free fall risk screening. Measures included case history, Activities-Specific Balance Confidence Scale, modified Clinical Test of Sensory Interaction on Balance, Timed Up and Go test, and Dynamic Visual Acuity. Statistical analyses were focused on the ability of the test protocol to identify a fall within the past 12 months and included descriptive statistics, clinical utility indices, logistic regression, receiver operating characteristic curve, area under the curve analysis, effect size (Cohen d), and Spearman correlation coefficients. All individuals who self-referred for this free screening had current imbalance complaints, and were typically women (70%), had a mean age of 77.2 years, and had a fear of falling (70%). Almost half (46.7%) reported at least 1 lifetime fall and 40.0% within the past 12 months. Regression analysis suggested that the Timed Up and Go test was the most important indicator of a recent fall. A cutoff score of 12 or more seconds was optimal (sensitivity: 83.3%; specificity: 61.1%). Older adults with current complaints of imbalance have a higher rate of falls, fall-related injury, and fear of falling than the general community-dwelling public. The Timed Up and Go test is useful for determining recent fall history in individuals with imbalance.

Source: Medline

[Falls in older adults with major depressive disorder \(MDD\): a systematic review and exploratory meta-analysis of prospective studies](#)

Citation: International psychogeriatrics / IPA, Jan 2016, vol. 28, no. 1, p. 23-29 (January 2016)

Author(s): Stubbs, Brendon, Stubbs, Jean, Gnanaraj, Solomon Donald, Soundy, Andrew

Abstract: Depressive symptomology is now widely recognized as a key risk factor for falls. The evidence regarding the impact of major depressive disorder (MDD) on falls is unclear. A systematic review and exploratory meta-analysis was undertaken to explore the relationship between MDD and falls. Major electronic database were searched from inception till April 2015. Studies that defined MDD and measured falls prospectively in older adults (≥ 60 years) were included. Studies relying on depressive symptomology alone were excluded. The methodological quality of included articles was assessed and study findings were synthesized using an exploratory meta-analysis. From a potential of 415 articles, only three studies met the inclusion criteria. This included 976 unique older adults with a range of mean age from ≥ 65 to 83 years. The methodological quality of included studies was satisfactory. None of the included studies' primary aim was to investigate the relationship between MDD and falls. The exploratory meta-analysis demonstrated older adults with MDD are at increased risk of falling compared to non-depressed older adults (odds ratio (OR) 4.0, 95% CI 2.0-8.1, $I^2 = 60\%$, $n = 976$). There is a paucity of research considering falls in older adults with MDD. Our results demonstrate that the odds of falling appear to be greater among people with MDD (OR 4.0) than in previous meta-analyses that have only considered subthreshold depressive symptoms. Given the distinct nature and challenges with MDD, more research is required to better understand the falls risk in this group.

Source: Medline

[Prevention of falls for adults with intellectual disability \(PROFAID\): a feasibility study](#)

Citation: Disability and rehabilitation, Jan 2016, vol. 38, no. 1, p. 36-44 (January 2016)

Author(s): Hale, Leigh Anne, Mirfin-Veitch, Brigit F, Treharne, Gareth J

Abstract: A novel physiotherapy intervention for people with intellectual disability (ID) to improve balance was developed and evaluated in a feasibility study which quantitatively assessed potential benefits on measures of balance, gait and activity participation, and qualitatively explored its acceptability, utility and feasibility. Participants were 27 adults with mild to profound ID (mean age 53 years SD 10.9). We used a mixed methods approach: an uncontrolled before-after study (data analysed with the related samples sign test) and a qualitative interview evaluation (data analysed with the general inductive approach). Balance, gait and participation were assessed at baseline and 6 months after introduction of the physiotherapy intervention with four standardised measures and two questionnaires. Appropriate exercises and a physical activity could be found for all participants, irrespective of the level of ID, although for many this required a high level of assistance from support staff. Only the Balance Scale for ID changed significantly by a median score of 2 (95% CI = 0.00-2.50, $p = 0.04$). No other outcomes changed significantly. Four themes emerged: "Understanding the intervention"; "Routine and reality"; "Remembering what I have to do" and "What happens beyond the study itself"? The findings provide some evidence for the benefit, acceptability, utility and feasibility of the intervention justifying further evaluation. Implications for Rehabilitation Falling is a frequent and serious problem for many adults with intellectual disability. Two to three exercises targeted at increasing lower limb strength and challenging balance, performed each day as part of daily routine may help improve balance in adults with intellectual disability. The importance of exercising needs to be stressed to those who support adults with intellectual disability to encourage ongoing adherence.

Source: Medline

Full Text: Available from *Taylor & Francis* in

Risk factors for severe injury following indoor and outdoor falls in geriatric patients

Citation: Archives of gerontology and geriatrics, Jan 2016, vol. 62, p. 75-82 (2016 Jan-Feb)

Author(s): Kim, Sun Hyu

Abstract: This study was performed to examine the characteristics of indoor and outdoor falls in older patients and the factors related to severe injury in the emergency department (ED). In total, 26,515 patients fell indoors and 19,581 outdoors. The general and clinical characteristics were compared between the two groups and factors associated with severe injury following the falls were evaluated. Younger males fell more frequently outdoors than indoors. The common activities during outdoor falls were sports and leisure activities. Environmental hazards lead to more outdoor falls than indoor falls. Factors associated with severe injury after indoor falls were transport to the ED by public ambulance or from another medical facility rather than individual transportation, fall from stairs rather than fell over, and a head and neck injury rather than a lower extremity injury. Factors related to severe injury after outdoor falls were male sex, transport to the ED by public ambulance or from another medical facility or by another method rather than individual transportation, state employed, fall from stairs rather than fell over, head and neck or thorax or abdomen injury rather than a lower extremity injury. Transport to the ED by public ambulance or from another medical facility, and head and neck injury were risks for severe injury following indoor and outdoor falls in elderly subjects. Efforts to identify the risk factors for severe injury and for falling itself are important to prevent and reduce fall injuries in elderly subjects. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

Source: Medline

Depressive symptomology management and falls among middle aged and older adults

Citation: Aging & mental health, Jan 2016, vol. 20, no. 1, p. 13-21 (January 2016)

Author(s): Prizer, Lindsay Penny, Smith, Matthew Lee, Housman, Jeff, Ory, Marcia G

Abstract: This study aims to examine the relationship between middle-aged and older adults' depressive symptomology and anti-depressant use and the frequency of falls within the previous 12 months, controlling for sociodemographic variables, health indicators, and health behaviors. From the 2010 National Social Life, Health, and Aging Project, 2338 cases were examined. Falls were categorized into a binary variable, comparing zero falls with one or more falls. An unadjusted model was run to examine the relationship between independent and dependent variables. Potential covariates were added into the model, and backward elimination was used among independent variables with a univariate $P < 0.05$ to identify the covariates with the strongest association with falls. This final adjusted binary logistic regression model was then used to examine the relationship between falls and the independent variables. In the adjusted model, anti-depressant use was positively associated with falls ($P = 0.001$), as was being female ($P < 0.001$), having diabetes ($P = 0.018$), and having increased limitations in daily activities ($P < 0.001$). The relationship between depressive symptomology and anti-depressant prescription was also significantly associated with falls ($P = 0.006$). While findings confirm that a relationship between depressive symptomology and anti-depressant use are associated with falls among middle-aged and older adults, additional studies are needed that simultaneously examine the influence of these two risk factors.

Source: Medline

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