

Barriers to and promoters of screening for falls in elderly community-dwelling patients by general practitioners: a large cross-sectional survey in two areas of France



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ABSTRACT

The objective was to determine the factors affecting French GPs' implementation of annual screening for falls among patients of 75 years old and over. We conduct a cross-sectional study in two areas in the South-east of France (Savoie and Isère). An anonymized survey was sent by e-mail and/or post in May 2008 to all GPs with a large practice. Reminder letters were sent to GPs who hadn't answered between June and July 2008. Potentials barriers were measured by dichotomous scale. On GPs characteristics (socio-demographic, knowledge, attitude and practice), a multiple logistic regression was performed to identify others factors affecting falls screening. 493 questionnaires were analyzed (26.8%). 65.3% of respondents considered annual screening for falls to be useful, though only 28.8% of them implemented it each year and 9.3% every two to five years. Barriers to achieving annual screening included patient selecting (56.3%), forgetting to screen (26.6%), unsuitable working conditions (18.5%), lack of time (13.3%), of knowledge (13.3%), or of financial compensation (11.1%). Perception of the usefulness of annual screening for falls (OR=5.38 (2.07–14.08); $p=0.001$), satisfaction with medical care for falls (OR=1.34 (1.09–1.65); $p=0.006$) and increased consultation time (OR=2.65 (1.37–5.13); $p=0.004$), were found to have a significant impact on the implementation of annual screening for falls. Asking your patient each year if s/he has had any falls, inquiring about gait and balance disturbance is not time consuming. Finally, to improve a health-related quality of life, GPs should consider fall assessment as a fundamental feature of medical care.

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1. Introduction

Falling is one of the most common and serious problems facing older adults (WHO, 2007). Several studies have shown a high incidence of falls, stable over time, in patients of 65 years old and over: between 24% and 30% in community-dwelling older adults, 50% in ambulatory long term care residents and 60% in older adults

with cognitive impairment (Coimbra, Ricci, Coimbra & Costallat, 2010; Hughes et al., 2008; Olsson Möller et al., 2013; Stalenhoef, Diederiks, Knottnerus, Kester, & Crebolder, 2002; Wenger et al., 2009), and in half of such cases falls are recurrent (Peeters et al., 2011). Falls were found to be responsible for the reduction of physical, functional and social functions in elderly individuals (Stel, Smit, Pluijm, & Lips, 2004), causing considerable morbidity, major injuries (Stalenhoef, Diederiks, Knottnerus, de Witte, & Crebolder, 2000; Stel et al., 2004), fear of falling and mortality and precipitating older people into premature nursing home admission (Rubenstein, Josephson, & Robbins, 1994; Taş et al., 2007; Tinetti, 1986). Effective fall prevention has the potential to reduce the incidence of falls among the elderly.

Although evidence-based medicine has proved that multifactorial interventions are effective in reducing the incidence of falls

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(Bourdessol, Pin, & réseau francophone de prévention des traumatismes et de promotion de la sécurité, 2005; Chang et al., 2004; Gillespie et al., 2012; Michael et al., 2010; Wenger et al., 2009), under-detection in family practice is still prevalent (Rubenstein et al., 2004). According to two studies (Laing, Silver, York, & Phelan, 2011; Wenger et al., 2003), between 13 and 30% of fallers received individual risk assessment and one fourth of them were asked if they had fallen in the past year. When a fall occurred, two in five elderly people called in medical aid (Stalenhoeft et al., 2000). One of the main reasons that explained why fallers did not report these problems to their doctor was that if no injury had occurred, patients and providers alike often ignored falls (Rubenstein et al., 2004; Stel et al., 2004). Therefore at-risk elderly people did not perceive the seriousness of the problem, had a minimal working knowledge of it and considered falls as one of the least important health care concerns (Laing et al., 2011). Sometimes they considered falling as something that was bound to happen (Stevens, Noonan, & Rubenstein, 2009). Discussion of fall risk was seen by some people as a potential source of anxiety and, for a few people, advice on fall prevention would be humiliating (Yardley, Donovan-Hall, Francis, & Todd, 2006). In order not to miss important opportunities for potentially life-saving evaluation and treatment, promoting end-of-life at home, GPs should seek to alleviate this problem by annual systematic detection. Indeed, international recommendations call for the implementation of fall detection (Beauchet et al., 2011; Panel on Prevention of Falls in

Older Persons, American Geriatrics Society, & British Geriatrics Society, 2011).

According to the ACOVE study (Askari et al., 2011): While no controlled trials or observational studies directly demonstrated the benefit of inquiring about the occurrence of recent falls, a convincing chain of indirect evidence supported this practice. Falls are frequently undetected; people who fall are at increased risk of recurrent falls; falls are associated with a potentially heavy burden of complications and are potentially preventable. Therefore, detecting falls is likely to reduce the likelihood of future falls. However, the literature currently available tells us little about either French GPs' knowledge, attitudes and behavior with regard to screening for falls among the elderly, or about factors which determine the annual implementation of fall screening for patients of 75 years old and over.

2. Methods

2.1. Study design

We conducted a cross-sectional survey in two areas in the south east of France (Savoie and Isère in the Rhône-Alpes region). The selected chronology was: May 2008 (M0), when e-mails containing information about our survey were sent to all selected GPs, who were also invited to participate in this survey. After one month (M1), they received a second e-mail with an electronic

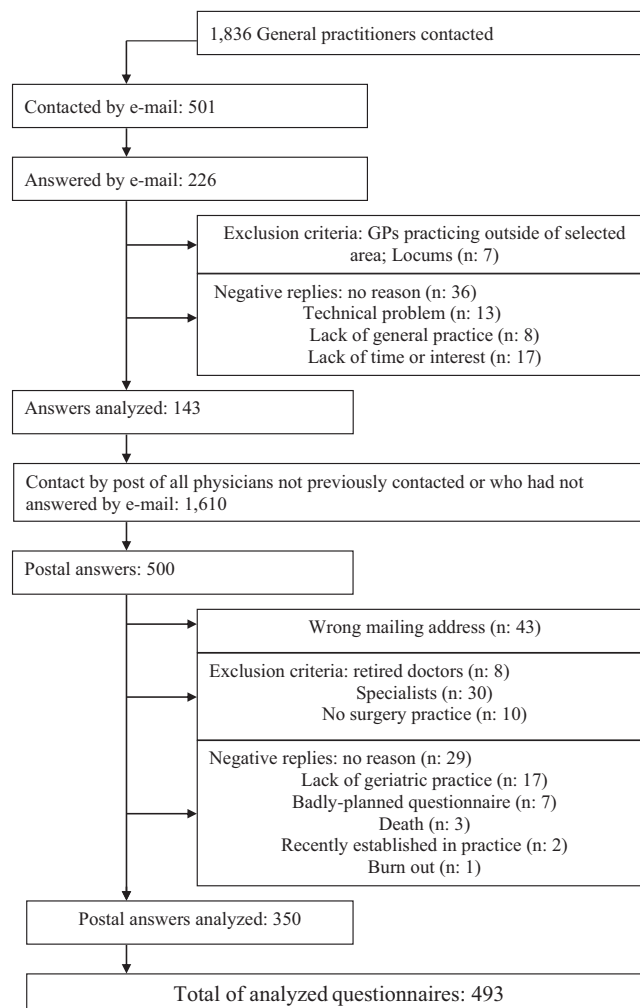


Fig. 1. Flow chart.

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