



ORIGINAL

Quality of life among community-dwelling elderly persons with a history of previous falls



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Abstract

Objective: The aim of this research was to study perception of health-related quality of life (HRQL) among community-dwelling elderly persons with a history of accidental falls.

Materials and methods: A descriptive analysis was made based on 198 community-dwelling elderly persons aged 65–75 (mean age 69.5 years, 48.5% female). A survey was used in order to find relevant information concerning age, gender, illnesses, falls and HRQL using the EuroQol-5D (EQ-5D) protocol. Qualitative results were presented as percentages, with a 95% confidence interval. Continuous data were compared with Mann–Whitney *U* test.

Results: There are a greater percentage of subjects with illnesses within the group having a background of falls (FG – fall-group) than in the no-fall group (NFG). There are a higher percentage of subjects with EQ-5D limitations in the FG group (mobility 59.4%, self-care 29.0%, usual activities 60.6%, pain/discomfort 87.5% and anxiety/depression 62.5%) than in the NFG (mobility 28.8%, self-care 11.3%, usual activities 22.9%, pain/discomfort 65.4%, anxiety/depression 28.9%). A statistically significant difference of 20 points was found between groups in favor of NFG in terms of EQ-5D' Visual Analog Scale score ($P < .000$) (FG 51.36 ± 22.79 , NFG 71.65 ± 18.93).

Conclusions: Elderly persons having a history of falls in the last 12 months have poorer perception of HRQL than those without these events. Further investigations are needed in order to clarify if this is related to the falling itself or some other variables such as chronic illnesses.

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PALABRAS CLAVE

Comunidad;
Mayores;
Caídas;
Calidad de vida

Calidad de vida de las personas mayores que viven en la comunidad con caída previa**Resumen**

Objetivos: Estudiar la percepción de la calidad de vida relacionada con la salud (CVRS) entre las personas mayores que viven en la comunidad, con antecedente de caída accidental.

Material y métodos: Estudio descriptivo basado en una muestra de 198 personas de entre 65-75 años residentes en la comunidad (edad media 69,5 años, 48,5% mujeres). Se les administró una encuesta en la que se solicitó información sobre edad, sexo, enfermedades, caídas accidentales y CVRS utilizando la encuesta EuroQol-5D (EQ-5D). Los resultados cualitativos fueron presentados como porcentajes, con un intervalo de confianza del 95%. Los datos continuos fueron comparados usando el estadístico U de Mann-Whitne.

Resultados: Existe un mayor porcentaje de sujetos con enfermedades en el grupo con antecedente de caída (AC) en comparación con el grupo sin antecedente de caída (NC). Existe un mayor porcentaje de sujetos con problemas en las 5 dimensiones del EQ-5D en el grupo AC (movilidad 59,4%, cuidado personal 29,0%, actividades cotidianas 60,6%, dolor/malestar 87,5% y ansiedad/depresión 62,5%), que en el grupo NC (movilidad 28,8%, cuidado personal 11,3%, actividades cotidianas 22,9%, dolor/malestar 65,4%, ansiedad/depresión 28,9%). Se encontró una diferencia estadísticamente significativa de 20 puntos a favor del grupo NC en la escala visual analógica del EQ-5D ($p < 0,000$) (AC $51,36 \pm 22,79$, NC $71,65 \pm 18,93$).

Conclusiones: Las personas mayores con AC durante los últimos 12 meses tienen peor percepción de su CVRS. Son necesarias más investigaciones para aclarar si se debe a la caída y/o a otras variables, como presentar enfermedades crónicas.

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Introduction

Falls have a high prevalence among elderly community-dwelling people. In a number of researches carried out in Spain with 65-year-old subjects, prevalence has been measured at 14.4%¹–31.78%.² Prevalence of falls increases with age, reaching a 50.3%³ among subjects over 75. In the USA, a group of people of different ages were monitored for a period of 2 years, and it was found that 34.8% of the subjects over 65 years old had suffered a fall; the percentage of falls among subjects with ages between 46 and 65 years was 21%, and between 20 and 45, it was a mere 18%.⁴ In the UK the incidence ratio of falls is 3.58/100 individuals per year, which gives 475,000 annual falls.⁵

Falls are relevant because a high percentage of them have consequences for health. Between 41%¹ and 73.9%² of falls have physical/functional consequences (superficial wounds, fractures, mobility limitations) and/or psychosocial consequences (fear of falling, the perception that falling changed one's life).⁶ It has been estimated that between 21.7%⁷ and 30%² of the elderly who suffer falls require urgent health-care, and between 3.3%² and 18.9%¹ require hospitalization. According to WHO⁸ estimates, falls among the elderly constitute an important and growing cause of injuries, treatment expenses and death, having more serious consequences than accidental falling injuries in young people. According to Vellas et al.⁹ subjects who have suffered a fall with traumatism often perceive that the incident has changed their lives (odds ratio – OR = 6.34). According to research carried out in the UK on individuals of 60 or more years who lived in community, mortality for recurrent fallers was about twice that of general population controls.⁵

It is likely that the consequences of falls on the health of the community-dwelling elderly will affect their perception of their health-related quality of life (HRQL). Nowadays, we rely on quite robust questionnaires, that can be administered in a quick and simple way, and that allow us to obtain valid and reliable results, to evaluate HRQL as EuroQol-5D (EQ-5D).¹⁰ A lower score on the analogical visual scale (VAS) of the EQ-5D protocol on health-related quality of life is statistically correlated (logistic regression) with falls among elderly community-dwelling people.²

Two in every three trauma-related hospital admittances in the Spanish National Health System were fractures, 31.5% being hip fractures. A fall is the cause of these fractures in 90% of the cases, 9 in every ten require surgery and 4.71% of them result in death. Hip fracture global hospitalization costs have increased more than twice in the last 10 years.¹¹

Evaluating the cost-effectiveness of fall prevention programs that reduce fall-related hip fractures in older adults: Medical management of psychotropics (psychotropic medication withdrawal) and tai chi groups are the least-costly, most-effective options, but they were also the least studied. Excluding these interventions, the least-expensive, most-effective options are vitamin D supplementation and home modifications.¹²

The goal of this investigation is to study the perception of health related quality of life (HRQL) in community dwelling elderly people that have a history of accidental falls in the last 12 months. The outcome of this research could be relevant for the design of interventions aimed to improve quality of life, by preventing falls among the community-dwelling elderly.

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