Depression and Outcome of Fear of Falling in a Falls Prevention Program

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Objective: *To examine whether depression predicts less improvement in fear of falling and falls efficacy in older adults attending a falls prevention program (FPP).* **Methods:** *Using a prospective observational design in an academic medical center, the authors studied 69 nondemented adults aged 55 years or older (mean age: 77.8 ± 8.9 years) who had experienced at least one fall in the previous year and who attended the FPP. The primary outcome variable was change in severity of fear of falling during the FPP. Secondary outcome variables were change in falls efficacy and fear-related restriction of activities during the FPP. Independent variables were baseline depressive disorders and depressive symptom severity.* **Results:** *Twenty-one of 69 study participants (30.4%) had a depressive disorder at baseline. Depressive disorder and depressive symptoms were not associated with change in severity of fear of falling or restriction of activity. On the other hand, depressive disorder was associated with improvement in falls efficacy, although this finding was not significant in multivariate analysis. Among participants with a depressive disorder, improvement in falls efficacy was significantly correlated with improvement in depressive symptoms.* **Conclusion:** *There was no association between baseline depression and change in fear of falling in this FPP. The correlation between improvement in depressive symptoms and improvement in falls efficacy raises the question as to whether a cognitive-behavioral intervention that simultaneously targets both depression and falls efficacy would be a useful component of a FPP.* (Am J Geriatr Psychiatry 2015; ■:■—■)

Key Words: Depression, fear of falling, falls efficacy

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INTRODUCTION

Fear of falling is a common and potentially serious complication of falling. Approximately 50% of older persons who fall develop fear of falling[1–3] and 25% of fallers will restrict activities because of this fear.[1,4] Fear of falling can also occur in individuals who have not fallen. Fear of falling and the associated avoidance of activities can result in deconditioning, functional decline, risk of future falls, social isolation, and impaired quality of life.[5,6]

The most common strategies used to manage fear of falling are balance training, low intensity exercise, and attention to fall risk factors.[7,8] These interventions are often administered together in a falls prevention program (FPP).[9,10] However, although these strategies have been found to improve a person's fall self-efficacy and balance confidence, they have little or inconsistent impact on the fear itself.[7,8] Moreover, even if the fear does improve, the improvement is usually not sustained once the intervention ends.[11,12]

Fear of falling is strongly associated with depressive symptoms and depressive disorders.[5,13–15] Gagnon et al.[14] found that 37.5% of older fallers with moderate or severe fear of falling had a current depressive disorder and depression accounted for more of the explained variance in fear of falling than other known risk factors for this fear. Depression can be associated with persistence of anxiety[16,17]: In community samples, depression was found to predict the persistence of both fear of falling[3] and fear-related activity restriction.[1] This raises the question as to whether the lack of improvement in fear of falling in treatment programs is attributable, at least in part, to a moderating effect of depression. To address this issue, we examined whether depressive disorders and depressive symptom severity predict less improvement in fear of falling in a FPP.

METHODS

Study Design

This was a prospective study of patients enrolled in a hospital-based FPP in Toronto from September 2010 to July 2012. FPP participants were approached by the research team to participate in this study after having been independently assessed and selected for FPP attendance by the interprofessional falls clinic staff. Research subjects were assessed at three time points: (1) baseline (within 2 weeks of starting the FPP), (2) midpoint (at the sixth FPP session), and (3) final (within 2 weeks of completion of the FPP). Research assessments were scheduled to take place at the hospital, but if subjects were unable or unwilling to come to the hospital, home visits were offered. Research assessments were completed by a psychiatrist (AI) and trained research assistant, neither of whom were involved in the delivery of the FPP.

Fall Prevention Program

The FPP was based at two University of Toronto–affiliated hospitals, the University Health Network[18] and Sunnybrook Health Sciences Centre.[19] The study was approved by the institutional review boards of each hospital. Individuals are typically referred to the FPP by their family physician or by emergency physicians after a fall. The FPP consists of an interprofessional falls clinic assessment, followed by a 12-session program of group education and exercise. The falls clinic assessment is used to exclude individuals who are too medically unstable, cognitively impaired, sensory impaired, or unable to sufficiently communicate in English to benefit from the FPP. Screening for cognitive impairment at the time of assessment for the FPP involves administration of the Mini-Mental State Exam[20] followed by further assessment of persons with a Mini-Mental State Exam score <24 to establish if they can follow multilevel commands and retain sufficient information to benefit from the program.

Research Participants

Inclusion criteria for this research study were individuals aged 55 years or older who had met criteria for admission to the FPP (as described above) and who had experienced at least one fall in the previous 12 months. An occasional individual with poor English skills or dementia was allowed to participate in the FPP with assistance from family members; these individuals were not included in the research study (Fig. 1). All participants in the study gave written informed consent before the initiation of any research assessments.

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