

Clinical and Community Strategies to Prevent Falls and Fall-Related Injuries Among Community-Dwelling Older Adults



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KEYWORDS

- Accidental fall • Accident prevention • Aged • Geriatric assessment • Injury
- Risk factors

KEY POINTS

- Falls are the leading cause of fatal and nonfatal injuries among older adults.
- Community-dwelling older adults should have an annual fall risk screening and/or assessment.
- Several evidence-based programs are available for community-dwelling older adults to raise awareness about falls, increase strength and balance, and address the fear of falling.

INTRODUCTION

As the aging population increases and lives longer, falls, fall-related injuries, and subsequent institutionalization are expected to increase. Various national studies from across the globe have demonstrated increasing fall-related incidence of injury (Canada), hospital admissions (Netherlands), and death due to falls (United States).^{1–3} Preventing falls in community-dwelling older adults with, and without, a fall history is possible, but requires a multifaceted approach using education, clinical and community interventions, and health policies. The purpose of this article is to provide current evidence-based information on community-based fall screening, and comprehensive

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clinical fall assessment, as well as community-based interventions addressing fall prevention. Falls may be similar in the community and nursing home; however, the relative rates and interventions differ in these settings. Thus, this article focuses on community-dwelling older adults. The authors address nonsyncopal falls (eg, falls that are not associated with loss of consciousness, stroke or seizure, or a violent blow).

Epidemiology

Falls are the leading cause of fatal and nonfatal injuries in older adults.⁴ Each year about one-third of adults aged 65 years or older, and half of those aged 80 years and older, will fall.⁵ Nearly half of all falls result in an injury,⁶ of which 10% are serious,⁷ and these injury rates increase with increasing age.^{8,9} In 2015, direct medical costs for falls totaled \$616.5 million for fatal and \$30.3 billion for nonfatal falls in the United States.^{5,10} Older adult falls can trigger a downward spiral in activities of daily living, independence, and overall health outcomes. Nearly 50% of older adult hospital admissions and most nursing home placements are a direct result of fall-related injuries, such as hip fractures, upper limb injuries, and traumatic brain injuries.^{5,11,12} Although about 85% of older adult falls do not result in fracture or other serious injury, a prior fall is a significant risk factor for a subsequent fall, increasing the likelihood of injury from a future fall.^{13,14} In addition, many older adults associate falls with a potential loss of independence; as a result, many community-dwelling older adults do not report noninjurious falls to their families or health care providers.

FALL RISK FACTORS IN COMMUNITY-DWELLING OLDER ADULTS

Falls in older adults are the result of a convergence of risk factors across biological and behavioral aspects of the person, and factors in their environments.⁹ Risk factors for falling among older adults are generally classified as either intrinsic or extrinsic (Table 1). Falling is considered a “geriatric syndrome”—a “multifactorial health condition that occurs when the accumulated effects of impairments in multiple systems renders an older person vulnerable to situational challenges.”^{15(p781)} In the United States, white older adults are significantly more likely than black older adults to suffer an injury because of a fall, which is likely due to lower rates of osteoporosis in African Americans.^{16,17} Older women are likewise at a higher risk for injurious falls than are older

Table 1 Fall risk factors	
Intrinsic	Extrinsic
Advanced age	Lack of stair handrails
Previous falls	Poor stair design
Muscle weakness	Lack of bathroom grab bars
Gait and balance problems	Dim lighting or glare
Poor vision	Obstacles and tripping hazards
Postural hypotension	Slippery or uneven surfaces
Fear of falling	Improper use of assistive device
Chronic conditions (eg, arthritis, diabetes, stroke, Parkinson, incontinence, dementia)	Psychoactive medications

Data from CDC. STEADI: older adult fall prevention. 2016. Available at: <https://www.cdc.gov/steady/>. Accessed December 5, 2016.

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