

Intervention Addresses Seniors' Fear of Falling

BY ROXANNA
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SAVANNAH, GA. — An innovative intervention combining exercise and exposure therapy addresses the outsized fear of falling that limits many seniors' activities.

Fear of falling, a debilitating but undertreated condition, is generally correlated more with anxiety than with physical disability. However, the proposed intervention called ABLE—Activity, Balance, Learning, and Exposure—may help solve the problem.

A quarter of the elderly report moderate to severe fear of falling; about 10% of those avoid activities as a result of that fear, Julie Wetherell, Ph.D., reported during a symposium on anxiety at the annual meeting of the American Association for Geriatric Psychiatry. She noted that fear of falling has been described in many epidemiologic studies.

Fear of falling actually increases the risk of falls, she reported. In fact, those with no falls but high fear have a nearly fivefold increased risk of nursing home admission, even after controlling for age

and disability. It also increases the risk of depression.

The condition often goes undetected and therefore untreated. Seniors are reluctant to discuss concerns about falling because of the associated stigmas, and they may be unwilling to seek help for the anxiety because of the stigmas related to mental health issues.

That the fear is rooted in an objective risk also makes identification and treatment more challenging. Nevertheless, Dr. Wetherell, who is with the department of psychiatry at the University of California, San Diego, noted that fear of falling is more closely correlated with symptoms of anxiety than with physical symptoms.

Community-based exercise and fall-education programs are available, but seniors who are unwilling to leave their homes as a result of their fear don't have access to them. Moreover, families often reinforce the avoidant behavior.

Dr. Wetherell offered a case study to illustrate some of these issues. An 85-year-old woman who had fallen twice in the past 3 years, once in the last year, was diagnosed with osteoporosis. The inter-

vention consisted of her doctor telling her "don't fall." She went online to find balance exercises, but she won't leave the house alone. Her daughter pays someone to accompany her when she goes out, thus reinforcing the avoidant behavior.

When Dr. Wetherell tried to discuss treatment, the woman turned her down because she was a psychologist. "My problem isn't in my head, it's real," the woman said. The woman did not receive an intervention.

Dr. Wetherell's proposed ABLE plan addresses several of those barriers. It includes exercise, a medication review, and a home safety evaluation. The intervention is delivered in the home by a physical therapist, not a mental health professional. Families and caregivers are encouraged to participate.

As part of the intervention, the patient creates a hierarchy of activities, such as walking to the driveway alone, walking with a full cart of groceries through a parking lot, getting in and out of a car alone, and so on. Then the patient rates, on a scale of 0-10, which of the activities are the most anxiety provoking.

The therapy starts with situations rat-

ed 5-6. The patient is asked to perform one of the activities in the presence of the therapist and then with a friend or family member between sessions.

This is continued until the anxiety is only mild; then the process begins with the next items on the list.

Dr. Wetherell presented another case, this time one in which the ABLE intervention seemed to have been effective. A 79-year-old man had multiple medical problems, and in addition to his fear of falling, he had symptoms of generalized anxiety disorder and depression. He wouldn't leave his home, nor would he use an assistive device.

After 4 months, he showed marked improvement. The man had fallen 10 times in the past year, but fell only twice during treatment. His exercise capacity doubled and his gait and balance improved. Moreover, he eventually started going out of his home.

In an interview, Dr. Wetherell said that, pending funding, she hopes to start recruiting for a larger pilot this summer. ■

Disclosures: Dr. Wetherell has received research support from Forest Laboratories.

Trips Not the Predominant Cause of Falls In Older Adults, Video Study Showed

BY JEFF EVANS

WASHINGTON — More often than not, elderly patients who fall in long-term care facilities do not trip or stumble while walking, but rather are transitioning from standing still or initiating a new activity at the time of their fall, according to an analysis of video-recorded falls.

"These results challenge traditional assumptions regarding the cause and circumstance of falls in older adults living in long-term care," Stephen N. Robinovitch, Ph.D., said at the International Congress on Gait and Mental Function.

About half of older adults living in long-term care facilities fall each year, whereas the annual incidence is about 30% among older adults living in the community, said Dr. Robinovitch of the department of biomedical physiology and kinesiology at Simon Fraser University, Burnaby, B.C.

Studies of self-reported falls have suggested that about half of all falls result from slips and trips, while the rest are

ascribed to losing balance, changing posture, or a leg giving way. In these studies, the most common activities at the time of a fall were walking, turning, transferring, and reaching.

As part of the ongoing Vancouver Fall Mechanisms Study, Dr. Robinovitch and his colleagues are working with two long-term care facilities in British Columbia to develop "real-life laboratories" where they can witness activity before and during falls instead of relying on self-reports.

In common areas throughout the two facilities (each with about 230 beds), the investigators used 270 digital video cameras to record 184 falls by 124 residents during a 2-year period. Three expert reviewers classified the key characteristics of each fall. "A lot of what our data are suggesting is that falls among this population are highly variable," Dr. Robinovitch said in an interview.

Unlike previous studies of falls, the videos indicated that an incorrect transfer of weight caused most falls (51%). Trips were estimated to account for 22% of falls, and slips for only 4%. Hitting or bumping something caused 21% of falls, collaps-

ing was to blame in 10% of falls, and losing support from an external object was the cause in 13%. Each fall could have multiple causes. At the time of a fall, four activities were significantly more common than others:

'These results challenge traditional assumptions regarding the cause ... of falls in older adults.'

DR. ROBINOVITCH

forward, backward, and sideways, but many fallers turned during descent, causing backward landings to be more common than forward or sideways impacts. The video analysis revealed that a fall starting forward is just as likely as a sideways fall to result in an impact to the hip.

Dr. Robinovitch noted that many older adults, especially older women, are unable to react quickly enough to take a corrective step or can't break a fall with their hands. In the video study, residents hit their head in 30% of falls, their hip in 46%, and their hands in 54%.

Impact to the hands did not affect the probability of impact to the head, suggesting that although older adults do use their hands to arrest a fall, strengthening exercises are warranted to improve the effect of this response, he said. ■

At youtube.com/ElsGlobalMedicalNews, click on Uploads, search for Robinovitch.



Antipsychotic Indications Often Not Charted

LONG BEACH, CALIF. — Antipsychotics prescribed to patients in nursing homes often lack documentation of proper indications, according to findings from a retrospective study that support the results of previous studies of medical charts in nursing homes.

In a review of charts for 131 patients at one institution from April through September 2009, 8 of the 32 residents on antipsychotics were prescribed the drugs



Of the 32 residents on antipsychotics, 8 were prescribed the drugs without meeting DSM-IV indications.

DR. NGO

without indications meeting DSM-IV definitions and regulations for psychoactive and hypnotic medications, Dr. Bich-Thy Ngo reported in a poster presentation at the annual meeting of the American Medical Directors Association.

Charts for two residents had no indications listed at all for the antipsychotics, and the other six were prescribed the drugs for other indications, said Dr. Ngo of Texas Tech University, Lubbock.

Dr. Ngo noted that the elderly are especially vulnerable to the adverse effects of psychoactive drugs.

She reported having no disclosures.

—Sherry Boschert

VITALS

Major Finding: An incorrect transfer of weight caused 51% of falls by older adults in long-term care facilities.

Data Source: Prospective study of 184 video-recorded falls by 124 older adults in two long-term care facilities.

Disclosures: The study was funded by a grant from the Canadian Institutes of Health Research. Dr. Robinovitch reported having no relevant disclosures.