Falls

Current Awareness Newsletter
February 2015
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Your Friendly Local Librarian...

Whatever your information needs, the library is here to help. As your outreach librarian I offer literature searching services as well as training and guidance in searching the evidence and critical appraisal – just email me at bennet.jones@uhbristol.nhs.uk

Outreach

Your Outreach Librarian can help facilitate evidence-based practise for all in the falls team, as well as assisting with academic study and research. We can help with literature searching, obtaining journal articles and books, and setting up individual current awareness alerts. We also offer one-to-one or small group training in literature searching, accessing electronic journals, and critical appraisal. Get in touch: bennet.jones@uhbristol.nhs.uk

Literature Searching

We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research and introduce you to the health databases access via NHS Evidence. Please email requests to bennet.jones@uhbristol.nhs.uk
New Activity in UptoDate and DynaMed

**Perturbation-based balance training may decrease risk of falling in older adults (level 2 [mid-level] evidence)**

based on systematic review of trials with methodologic limitations

systematic review of 8 randomized trials evaluating perturbation-based balance training in 404 older adults

- perturbation-based balance training exposed patients to repeated postural perturbations to elicit rapid balance reactions
- control interventions included individualized usual exercise, stepping and reach-to-grasp training, stretching and relaxation exercises, joint mobilization, strength training, or no intervention
- patient population included healthy adults > 60 years old (3 trials), frail older adults (2 trials), and adults with Parkinson disease (3 trials)

all trials had ≥ 1 limitation including

- no allocation concealment
- outcome assessors not blinded
- no intention-to-treat analysis performed
- small sample size

compared to control interventions, perturbation-based balance training associated with reduced

- risk of falling (risk ratio 0.71, 95% CI 0.52-0.96) in analysis of all trials
- fall rate (rate ratio 0.54, 95% CI 0.13-0.84) in analysis of all trials, results limited by significant heterogeneity

Reference - *Phys Ther 2014 Dec 18 early online*

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Recent Literature Searches on Falls

Below is a sample of literature searches carried out by librarians for UH Bristol members of staff on the subject of Falls. For further details get in touch: bennet.jones@uhbristol.nhs.uk

- Fear of falling
Current Awareness Database Articles on Falls

Below is a selection of articles on falls recently added to the healthcare databases.

If you would like any of the following articles in full text, or if you would like a more focused search on your own topic, then get in touch: bennet.jones@uhbristol.nhs.uk

**Title:** Efficacy of physical exercise in preventing falls in older adults with cognitive impairment: A systematic review and meta-analysis

**Citation:** Journal of the American Medical Directors Association, February 2015, vol./is. 16/2(149-154), 1525-8610;1538-9375 (01 Feb 2015)

**Author(s):** Chan W.C., Fai Yeung J.W., Man Wong C.S., Wa Lam L.C., Chung K.F., Hay Luk J.K., Wah Lee J.S., Kin Law A.C.

**Abstract:** Objective: Numerous studies have reported the prevention of falls through exercise among cognitively healthy older people. This study aimed to determine whether the current evidence supports that physical exercise is also efficacious in preventing falls in older adults with cognitive impairment. Methods: Two independent reviewers searched MEDLINE; EMBASE; PsycINFO; the Cumulative Index to Nursing & Allied Health Literature; the Cochrane Central Register of Controlled Trials; the Cochrane Bone, Joint, and Muscle Trauma Group Specialized Register; ClinicalTrials.gov; and the UK Clinical Research Network Study Portfolio up to July 2013 without language restriction. We included randomized controlled trials that examined the efficacy of physical exercise in older adults with cognitive impairment. The methodological qualities of the included trials were appraised according to the criteria developed for the Cochrane review of fall prevention trials. The primary outcome measure was the rate ratio of falls. A meta-analysis was performed to estimate the pooled rate ratio and summarize the results of the trials on fall prevention through physical exercise. Results: Seven randomized controlled trials involving 781 participants were included, 4 of which examined solely older people with cognitive impairment. Subgroup data on persons with cognitive impairment were obtained from the other 3 trials that targeted older populations in general. The meta-analysis showed that physical exercise had a significant effect in preventing falls in older adults with cognitive impairment, with a pooled estimate of rate ratio of 0.68 (95% confidence interval 0.51-0.91). Conclusions: The present analysis suggests that physical exercise has a positive effect on preventing falls in older adults with cognitive impairment. Further studies will be required to determine the modality and frequency of exercise that are optimal for the prevention of falls in this population.

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**Title:** CYP2D6-inhibiting drugs and the increased risk of fall-related injuries due to newly initiated opioid treatment - A Swedish, register-based case-crossover study
**Citation:** Basic and Clinical Pharmacology and Toxicology, February 2015, vol./is. 116/2(134-139), 1742-7835;1742-7843 (01 Feb 2015)

**Author(s):** Moller J., Laflamme L., Soderberg Lofdal K.

**Abstract:** It has been shown that newly initiated opioid therapy increases the risk of fall-related injuries. Yet, it remains to be determined whether drug-drug interactions can affect this negative effect, for instance with drugs inhibiting cytochrome P4502D6 (CYP2D6) that metabolizes codeine and also has a partial effect on tramadol and oxycodone. Our aim was to investigate how CYP2D6-inhibiting drugs contribute to explaining the risk of fall-related injuries for newly initiated opioid treatments with codeine, tramadol or oxycodone. Data from a Swedish national case-cross over study were revisited. This study identified a total of 167,257 fall-related injuries leading to hospitalization that occurred between 1 May 2006 and 31 December 2009 and linked information about dispensed drugs to them. Use of newly dispensed opioids in the 28 days before fall-related injury with and without CYP2D6-inhibiting drugs was compared with an earlier control period. For codeine, there was a two-times increased risk with concomitant CYP2D6-inhibiting drug use (OR, 1.76; 95% CI 1.40-2.20) and a three-times risk increase without (OR, 3.17; 95% CI 2.88-3.50). For tramadol, the risks were doubled when CYP2D6-inhibiting drugs were used (OR, 2.19; 95% CI 1.84-2.60) and tripled without their use (OR, 3.04; 95% CI 2.82-3.27). The risks were about the same for oxycodone, morphine, fentanyl and buprenorphine irrespective of CYP2D6-inhibiting drug use. In newly initiated opioid therapies, drug-drug interactions from concomitant use of CYP2D6-inhibiting drugs are associated with a lower risk of fall-related injury for codeine and tramadol that undergo metabolism via CYP2D6, but not for other opioids.

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**Title:** Muscle force, balance and falls in muscular impaired individuals with myotonic dystrophy type 1: A five-year prospective cohort study

**Citation:** Neuromuscular Disorders, February 2015, vol./is. 25/2(141-148), 0960-8966;1873-2364 (01 Feb 2015)

**Author(s):** Hammaren E., Kjellby-Wendt G., Lindberg C.

**Abstract:** Individuals with myotonic dystrophy type 1 (DM1) have progressive muscle weakness with gait and balance impairments. We explored prospectively the natural history of muscle force, gait, balance, balance confidence and walking ability in muscular affected individuals with DM1. After five years data from 43 individuals (m/f:18/25) were analysed. All measures of balance showed statistically significant deterioration (p < 0.001) with averaged yearly loss of function by 3-4%. In the group as a whole, loss of muscle force was statistically significant in all lower limb muscles measured after five years: changes relative to baseline force were median -6% to -18%. For males muscle force loss was statistically significant in all leg muscles, but only in hip flexors for women. After five years 100% of the men had fallen during the previous year and 67% three times or more, in contrast only 60% of the women had fallen in the previous year and 36% three times or more. The proportion of individuals seeking medical care the previous year, after falling, was more than doubled after five years, albeit the number of falls had not changed. Awareness of this increased risk of falls is important for caregivers and patients.
Title: Differential diagnosis between 'unexplained' fall and syncopal fall: A difficult or impossible task

Citation: Journal of Cardiovascular Medicine, February 2015, vol./is. 16/2(82-89), 1558-2027;1558-2035 (13 Feb 2015)

Author(s): Alboni P., Coppola P., Stucci N., Tsakiridu V.

Abstract: Falls may be accidental (because of slipping, tripping or environmental hazards) or 'unexplained', when there is no apparent cause. Syncope is a transient loss of consciousness (LOC) and, if it occurs when the person is in the upright position, may lead to a fall. The differential diagnosis between 'unexplained' fall and syncopal fall can be difficult, if not impossible, because many patients have retrograde amnesia after syncope, that is they do not remember their prodromal symptoms. Based on the results of many randomized studies, the international guidelines on falls suggest multifactorial assessment and multifactorial treatment. Unfortunately, however, the vast majority of studies have been carried out on a mixed population of patients who have suffered accidental and 'unexplained' falls. As 'unexplained' falls account for a minority of cases, we really do not know the efficacy of multifactorial treatment in patients with this type of fall. Very recent data seem to prove that many older patients with 'unexplained' falls are actually affected by reflex syncope with retrograde amnesia, as they experience LOC during tilt testing or carotid sinus massage. Although these data make an important contribution to our knowledge of the mechanism of 'unexplained' falls, the therapeutic problems remain largely unsolved.

Title: Assessment of an interactive voice response system for identifying falls in a statewide sample of older adults

Citation: Preventive Medicine, February 2015, vol./is. 71/(31-36), 0091-7435;1096-0260 (February 01, 2015)

Author(s): Albert S.M., King J., Keene R.M.

Abstract: Objective: Interactive voice response (IVR) systems offer great advantages for data collection in large, geographically dispersed samples involving frequent contact. We assessed the quality of IVR data collected from older respondents participating in a statewide falls prevention program evaluation in Pennsylvania in 2010-12. Method: Participants (n = 1834) were followed up monthly for up to 10. months to compare respondents who completed all, some, or no assessments in the IVR system. Validity was assessed by examining IVR-reported falls incidence relative to baseline in-person self-report and performance assessment of balance. Results: While a third of the sample switched from IVR to in-person calls over follow-up, IVR interviews were successfully used to complete 68.1% of completed monthly assessments (10,511 / 15,430). Switching to in-person interviews was not associated with measures of participant function or cognition. Both self-reported (p < .0001) and performance assessment of balance (p = .05) at baseline were related to falls incidence. Conclusion: IVR is a productive modality for falls research among older adults. Future research should establish what level of initial personal research contact is optimal for boosting IVR completion rates and what research domains are most appropriate for this kind of contact.
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**Title:** Falls risk in older adults with type 2 diabetes

**Citation:** Clinics in Geriatric Medicine, February 2015, vol./is. 31/1(89-99), 0749-0690;1879-8853 (01 Feb 2015)

**Author(s):** Vinik A.I., Vinik E.J., Colberg S.R., Morrison S.

**Abstract:** Falls are a major health issue for older adults, especially for those who develop type 2 diabetes who must contend with age-related declines in balance, muscle strength, and walking ability. They must also contend with health-related issues specific to the disease process. Given the general association between these variables and falls, being able to identify which measures negatively impact on balance in older diabetic persons is a critical step. Moreover, designing specific interventions to target these physiologic functions underlying balance and gait control will produce the greatest benefit for reducing falls in older persons with diabetes.

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**Title:** Detecting falls using a fall indicator defined by a linear combination of kinematic measures

**Citation:** Safety Science, February 2015, vol./is. 72/(315-318), 0925-7535;1879-1042 (February 01, 2015)
Author(s): Hu X., Qu X.

Abstract: The objective of this study was to determine whether a novel fall detection model based on the statistical process control chart performed better when the fall indicator was defined by a linear combination of kinematic measures. To specify the fall indicator, an optimization procedure was performed in which the trial and error method was used to determine the relative weightings of the selected kinematic measures associated with the optimal fall detection performance. The highest sensitivity, highest specificity, and lowest sum of squared errors of the fall detection model obtained from this study were 97.3%, 99.2% and 0.00133 respectively. These findings suggested that using the fall indicator defined by a linear combination of kinematic measures can lead to improved fall detection performance compared to that defined by a single kinematic measure.

Title: BIM-based fall hazard identification and prevention in construction safety planning

Citation: Safety Science, February 2015, vol./is. 72/1(31-45), 0925-7535;1879-1042 (February 01, 2015)

Author(s): Zhang S., Sulankivi K., Kiviniemi M., Romo I., Eastman C.M., Teizer J.

Abstract: The applications of Building Information Modeling (BIM) in building design and construction planning are growing rapidly. BIM-based modeling and 4D simulation (3D and schedule) has brought many benefits to safety and logistics applications as well. However, only limited automation in modeling and planning safety processes has been exploited so far. The objective of this study is to investigate how potential fall hazards that are unknowingly built into the construction schedule can be identified and eliminated early in the planning phase of a construction project. A survey of research on construction safety and BIM is presented first. Then, a framework was developed that includes automated safety rule-checking algorithms for BIM. The developed prototype was tested using models including an office and a residential building project in Finland. The first case study highlights the comparison of manual vs. automated safety modeling of fall protective systems. It also describes the details to multiple design and as-built scenarios where protective safety equipment is modeled. The second case study presents results of applying the framework to the project schedule. It specifically simulates fall hazard detection and prevention. The contribution of this work is an automated rule-checking framework that integrates safety into BIM effectively and provides practitioners with a method for detecting and preventing fall-related hazards. Presented are also discussions of open issues regarding commercialization of the developed prototype and considerations which explore what impact it might have on resolving safety issues in the field by extending traditional safety management practices.

Title: Trigger Factors and Outcomes of Falls Among Korean Hospitalized Patients: Analysis of Electronic Medical Records.

Citation: Clinical Nursing Research, 01 February 2015, vol./is. 24/1(51-72), 10547738

Author(s): Hong, Hyun-Ja, Kim, Nam-cho, Jin, Yinji, Piao, Jinshi, Lee, Sun-Mi
Title: Gender perspective on fear of falling using the classification of functioning as the model.

Citation: Disability & Rehabilitation, 01 February 2015, vol./is. 37/3(214-222), 09638288

Author(s): Pohl, Petra, Ahlgren, Christina, Nordin, Ellinor, Lundquist, Anders, Lundin-Olsson, Lillemor

Abstract: Purpose: To investigate associations between fear of falling (FOF) and recurrent falls among women and men, and gender differences in FOF with respect to International Classification of Functioning (ICF). Methods: Community-dwelling people (n = 230, 75-93 years, 72% women) were included and followed 1 year regarding falls. Data collection included self-reported demographics, questionnaires, and physical performance-based tests. FOF was assessed with the question 'Are you afraid of falling?'. Results were discussed with a gender relational approach. Results: At baseline 55% women (n = 92) and 22% men (n = 14) reported FOF. During the follow-up 21% women (n = 35) and 30% men (n = 19) experienced recurrent falls. There was an association between gender and FOF (p = 0.001), but not between FOF and recurrent falls (p = 0.79), or between gender and recurrent falls (p = 0.32). FOF was related to Personal factors and Activity and Participation. The relationship between FOF and Personal factors was in opposite directions for women and men. Conclusions: Results did not support the prevailing paradigm that FOF increases rate of recurrent falls in community-dwelling people, and indicated that the answer to 'Are you afraid of falling?' might be highly influenced by gendered patterns.

Title: Functional Limitations as Potential Mediators of the Effects of Self-Reported Vision Status on Fall Risk of Older Adults.

Citation: Journal of Aging & Health, 01 February 2015, vol./is. 27/1(158-176), 08982643

Author(s): Steinman, Bernard A., Allen, Susan M., Chen, Jie, Pynoos, Jon

Title: Fear of falling in robust community-dwelling older people: results of a cross-sectional study.

Citation: Journal of Clinical Nursing, 01 February 2015, vol./is. 24/3/4(393-405), 09621067

Author(s): Liu, Justina YW

Title: Technology-Assisted Balance and Gait Training Reduces Falls in Patients With Parkinson’s Disease: A Randomized Controlled Trial With 12-Month Follow-up.

Citation: Neurorehabilitation & Neural Repair, 01 February 2015, vol./is. 29/2(103-111), 15459683

Author(s): Shen, Xia, Mak, Margaret K. Y.
Title: App helps users to spot falls hazards and solutions in the house.

Citation: Nursing Older People, 01 February 2015, vol./is. 27/1(7-), 14720795

Title: Case report: a balance training program using the Nintendo Wii Fit to reduce fall risk in an older adult with bilateral peripheral neuropathy.

Citation: Physiotherapy Theory & Practice, 01 February 2015, vol./is. 31/2(130-139), 09593985

Author(s): Hakim, Renée Marie, Salvo, Charles J., Balent, Anthony, Keyasko, Michael, McGlynn, Deidre

Title: The incidence and risk factors for falls in adults with rheumatoid arthritis: A systematic review.

Citation: Seminars in Arthritis & Rheumatism, 01 February 2015, vol./is. 44/4(389-398), 00490172

Author(s): Brenton-Rule, Angela, Dalbeth, Nicola, Bassett, Sandra, Menz, Hylton B., Rome, Keith

Abstract: Objective To conduct a systematic review of the incidence and risk factors for falls in people with rheumatoid arthritis (RA). Methods A search was conducted of the electronic databases AMED, CINAHL, MEDLINE, Scopus and The Cochrane Library. Study participants were adults with RA. Outcome measures were falls experienced in the preceding 6–12 months or prospective falls over a 12-month period. Articles were scored for quality using a modified version of the Downs and Black Quality Index Tool. Results Nine articles were included with mean (range) quality scores 72% (43–93%). The quality assessment revealed inconsistency in falls data attainment. Falls incidence ranged from 10% to 50% and was independent of age, gender or RA disease duration. History of a prior fall (odds ratio (OR) = 3.6 and 9.8) and increasing number of medications (OR = 1.4 and 2.1) were consistently associated with falls in RA. Number of co-morbid conditions, swollen and tender lower extremity joints, anti-depressants, anti-hypertensives, psychotropics, pain intensity and static balance were also identified as significant fall risk factors in at least one study. However, the evidence was limited to a single study or conflicted with other studies. Conclusion In studies of falls in people with RA, there is a wide range in reported falls incidence, which may be due to inconsistency in falls data attainment. Numerous potential fall risk factors have been evaluated, producing limited or conflicting evidence. It is recommended that future studies follow previous consensus guidelines for collecting and reporting falls data.

Title: Functional limitations as potential mediators of the effects of self-reported vision status on fall risk of older adults.

Citation: Journal of Aging and Health, February 2015, vol./is. 27/1(158-176), 0898-2643;1552-6887 (Feb 2015)

Author(s): Steinman, Bernard A, Allen, Susan M, Chen, Jie, Pynoos, Jon
Abstract: Objective: To test whether limitations in mobility and large-muscle functioning mediate self-reported vision status to increase fall risk among respondents age 65 and above. Method: This study used two waves from the Health and Retirement Study. We conducted binary logistic and negative binomial regression analyses to test indirect paths leading from self-reported vision status to falls, via indices of mobility and large-muscle functioning. Results: Limited evidence was found for a mediating effect among women; however, large-muscle groups were implicated as partially mediating risk factors for falls among men with fair self-reported vision status. Discussion: Implications of these findings are discussed including the need for prioritizing improved muscle strength of older men and women with poor vision as a preventive measure against falls. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

Title: Technology-assisted balance and gait training reduces falls in patients with Parkinson's disease: A randomized controlled trial with 12-month follow-up.

Citation: Neurorehabilitation and Neural Repair, February 2015, vol./is. 29/2(103-111), 1545-9683;1552-6844 (Feb 2015)

Author(s): Shen, Xia, Mak, Margaret K. Y

Abstract: Objective: To examine the effects of technology-assisted balance and gait training on reducing falls in patients with Parkinson's disease (PD). Methods: Eligible subjects were randomly allocated to an experimental group given technology-assisted balance and gait training (BAL, n = 26) and an active control group undertaking strengthening exercises (CON, n = 25). The training in each group lasted for 3 months. The number of fallers and fall rate were used as primary outcomes, and single-leg-stance-time, latency of postural response to perturbation, self-selected gait velocity, and stride length as secondary outcomes. Fall incidence was recorded over 15 months after the baseline assessment (Pre). Other tests were performed at Pre, after 3-month intervention (Post3m), at 3 months (Post6m), and 12 months (Post15m) after treatment completion. Results: Forty-five subjects who completed the 3-month training were included in the data analysis. There were fewer fallers in the BAL than in the CON group at Post3m, Post6m, and Post15m (P < .05). In addition, the BAL group had lower fall rate than the CON group at Post3m and Post6m (incidence rate ratio: 0.111-0.188, P < .05), and marginally so at Post15m (incidence rate ratio: 0.407, P = .057). Compared with the CON subjects, the BAL subjects demonstrated greater reduction in the postural response latency and increase in the stride length against baseline at each assessment interval (P < .05), and marginally more increases of single-leg-stance-time at Post3m (P = .064), Post6m (P = .041) and Post15m (P = .087). Conclusions: Our positive findings provide evidence for the clinical use of technology-assisted balance and gait training in reducing falls in people with PD. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)
Journal Tables of Contents

The most recent issues of the following journals:

- Age and Ageing
- Journal of the American Geriatrics Society

Click on the links for abstracts. If you would like any of these papers in full text then get in touch: bennet.jones@uhbristol.nhs.uk

Age and Ageing
Vol.44, iss. 1, January 2015

Editor’s view

Bournewood revisited--do recent changes to the law regarding Deprivation of Liberty Safeguards represent an opportunity or an opportunity cost?

Is blood leptin a biomarker for dementia development?

Death: a foe to be conquered? Questioning the paradigm

The contribution of geriatric medicine to integrated care for older people

Physical therapies for improving balance and reducing falls risk in osteoarthritis of the knee: a systematic review

Systematic review of recent dementia practice guidelines

Assessment and management of fracture risk in patients with Parkinson’s disease

A prospective observational study to investigate the association between abnormal hand movements and delirium in hospitalised older people

Much more medicine for the oldest old: trends in UK electronic clinical records

Plasma leptin levels are not predictive of dementia in patients with mild cognitive impairment

Cognitive consequences of overweight and obesity in the ninth decade of life?

Glycaemia is associated with cognitive impairment in older adults: the Guangzhou Biobank Cohort Study

How does additional diagnostic testing influence the initial diagnosis in patients with cognitive complaints in a memory clinic setting?
Dementia prediction for people with stroke in populations: is mild cognitive impairment a useful concept?

Alcohol consumption and physical functioning among middle-aged and older adults in Central and Eastern Europe: Results from the HAPIEE study

Polypharmacy including falls risk-increasing medications and subsequent falls in community-dwelling middle-aged and older adults

Association of vegetables and fruits consumption with sarcopenia in older adults: the Fourth Korea National Health and Nutrition Examination Survey

Under-reporting of food intake and body fatness in independent older people: a doubly labelled water study

Reactive stepping behaviour in response to forward loss of balance predicts future falls in community-dwelling older adults

Effects of vertical and side-alternating vibration training on fall risk factors and bone turnover in older people at risk of falls

Is socioeconomic status a predictor of mortality in nonagenarians? The vitality 90+ study

No relation between CMV infection and mortality in the oldest old: results from the Belfrail study

Non-linear associations between serum 25-OH vitamin D and indices of arterial stiffness and arteriosclerosis in an older population

Economic evaluation of the differential benefits of home visits with telephone calls and telephone calls only in transitional discharge support

Diagnostic test accuracy of simple instruments for identifying frailty in community-dwelling older people: a systematic review

Association of gait speed with mortality among the Japanese elderly in the New Integrated Suburban Seniority Investigation Project: a prospective cohort study

Safety of intravenous thrombolysis for ischaemic stroke in Asian octogenarians and nonagenarians

Prevalence of frailty and disability: findings from the English Longitudinal Study of Ageing

Towards an understanding of why undergraduate teaching about delirium does not guarantee gold-standard practice--results from a UK national survey

A case of painless acute Type-A thoracic aortic dissection

FDG-PET in a myocardial tuberculoma

Corrigendum to 'Validation of the 4AT, a new instrument for rapid delirium screening: a study in 234 hospitalised older people'
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Underuse of Oral Anticoagulation for Individuals with Atrial Fibrillation in a Nursing Home Setting in France: Comparisons of Resident Characteristics and Physician Attitude (pages 71–76)

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American Geriatrics Society Abstracted Clinical Practice Guideline for Postoperative Delirium in Older Adults (pages 142–150)

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Physical Fitness and Sociocognitive Engagement are Associated with Different Aspects of Cognition in Older Adults (pages 177–179)

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Cessation of Driving is Rare in Older Drivers Seen in the Emergency Department After a Motor Vehicle Collision: A Prospective Cohort Study (pages 183–185)

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Library Opening Times

Staffed hours: 8am-5pm, Mon-Fri
Swipe-card access: 7am-11pm 7 days a week

Level 5, Education and Research Centre
University Hospitals Bristol

Contact your outreach librarian:

Bennet Jones, outreach librarian
bennet.jones@uhbristol.nhs.uk
Ext. 20103