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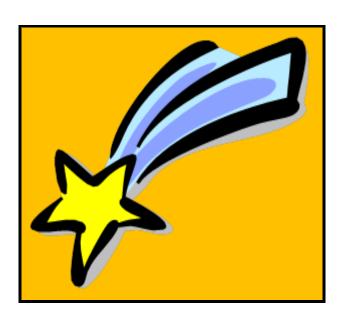# Falls
Evidence Update

January 2018

Respecting everyone
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Teaching and Learning

Lunchtime Drop-in Sessions
All sessions last one hour

January (13.00-14.00)

4th (Thu)	**Statistics**
8th (Mon)	**Literature Searching**
18th (Thu)	**Critical Appraisal**
24th (Wed)	**Statistics**

February (12.00-13.00)

1st (Thu)	**Literature Searching**
9th (Fri)	**Critical Appraisal**
12th (Mon)	**Statistics**
20th (Tue)	**Literature Searching**
28th (Wed)	**Critical Appraisal**

March (13.00-14.00)

8th (Thu)	**Statistics**
12th (Mon)	**Literature Searching**
20th (Tue)	**Critical Appraisal**
28th (wed)	**Statistics**

Your Outreach Librarian – Helen Pullen

Whatever your information needs, the library is here to help. Just email us at
library@uhbristol.nhs.uk

Outreach: Your Outreach Librarian can help facilitate evidence-based practice for everyone in the team, as well as assisting with academic study and research. We also offer one-to-one or small group training in **literature searching, critical appraisal and medical statistics**. Get in touch: library@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 one-to-one session where we can guide you through the process of creating a well-focused literature research. Please email requests to library@uhbristol.nhs.uk

Updates

[Falls and fragility fractures pathway](#) [PDF]

Source: [NHS RightCare](#) - 30 November 2017 - Publisher: NHS RightCare

The Falls and Fragility Fractures Pathway defines the core components of an optimal service for people who have suffered a fall or are at risk of falls and fragility fractures.

Nothing relevant to add from this resource

OpenAthens login required. Register here: https://openathens.nice.org.uk/

Nothing relevant to add from this resource

Departmental News

News, Research, Conferences, Training etc
Please contact us with any departmental news you wish to share with your colleagues in your Evidence Update bulletin. library@uhbristol.nhs.uk

Database Articles

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: library@uhbristol.nhs.uk

1. Falls, a fear of falling and related factors in older adults with complex chronic disease

Author(s): Lee, JuHee; Choi, MoonKi; Kim, Chang Oh

Source: Journal of Clinical Nursing; Dec 2017; vol. 26 (no. 23-24); p. 4964

Publication Date: Dec 2017

Publication Type(s): Journal Article

PubMedID: 38644

Abstract: Aims and objectivesTo identify factors influencing falls and the fear of falling among older adults with chronic diseases in Korea.BackgroundThe fear of falling and falls in older adults are significant health problems towards which healthcare providers should direct their attention. Further investigation is needed to improve nursing practice specifically decreasing risk of falls and the fear of falling in Korea.DesignDescriptive, cross-sectional survey.MethodsA convenience sample of 108 patients was recruited at the geriatric outpatient department of a tertiary hospital in Seoul, Korea. Demographic characteristics, comorbidities, medication use, fall history, level of physical activity, activities of daily living, mobility, muscle strength, and a fear of falling were investigated. Student's t tests, chi-square tests and multiple linear regressions were used in statistical analysis.ResultsThirty-six participants (33.3%) among 108 subjects reported experiencing ≥1 falls in the past year. Marital status and the use of antipsychotics were associated with falls, while other factors were not significantly related to falls. Only benign prostatic hypertrophy and polypharmacy were significantly related to the fear of falling in the analysis of the relationships between chronic disease, medication use and fear of falling. In the regression model, the number of comorbidities, level of physical activity, activities of daily living and mobility were predictors of a fear of falling. Medication use was marginally significant, in the model.ConclusionIncreasing physical activity, functional fitness and physical independence is important to decrease the fear of falling, and to encourage active and healthy lives in older adults.Relevance to clinical practiceThe findings from this study provide evidence for the development of nursing interventions for older adults. We recommend early screening for a fear of falling and nursing interventions to decrease the fear of falling through enhancing physical activity level and function.

Database: BNI

2. Older people's experiences of falling and perceived risk of falls in the community: A narrative synthesis of qualitative research

Author(s): Gardiner, Siobhan; Glogowska, Margaret; Stoddart, Catherine; Pendlebury, Sarah; Lasserson, Daniel; Jackson, Debra

Source: International Journal of Older People Nursing; Dec 2017; vol. 12 (no. 4); p. n

Publication Date: Dec 2017

Publication Type(s): Journal Article

PubMedID: 245430

Abstract: Aim To examine qualitative research exploring older people's experiences of falling and the perceived risk of falling in the community. This will contribute new insights into how falling is perceived by the older community. Background Falls are a major problem for older people and healthcare services across

the world. Accidental falls in the community are a persistent problem that is generally recognised as an intrinsic risk of ageing. This review provides a new synthesis of evidence that considers older people's perception of falls in the community as new insights are needed if the increasing problems of falls are to be addressed. Design Synthesis of the qualitative literature employing Noblit and Hare's method of reciprocal translation. CINAHL, Medline, EMBASE, PsychINFO and BNI were searched 1999-2015. Methods Noblit and Hare's method of reciprocal translations was used to conceive this meta-ethnographic synthesis. The ENTREQ statement was employed as a tool for reporting the synthesis of qualitative research. The PRISMA statement was used for reporting the different phase of the literature search, and the Critical Appraisal Skills Programme qualitative research checklist was used as an appraisal framework. Results Eleven papers fit the inclusion criteria and revealed a series of themes. These were falls as a threat to personal identity, falls as a threat to independence, falls as a threat to social interaction and carefulness as a protective strategy. Conclusion Many older people reject the label of "at risk of falling" because of the perceived implication of dependency and incompetence. To be considered "at risk" of falling is perceived as threatening the identity of individuals who are comfortable maintaining their own independence. However, there are also those who accept the risk of falling and in doing so choose carefulness as a personal strategy to manage the risk. For the majority of older people, maintaining independence is the key motivator influencing their actions. Independence to pursue social interaction safeguards against loss of identity, social isolation and negative feelings of dependency. Falling in the community is a problem that persists, despite intervention of local health teams. This article contributes to a body of evidence on older people's experience of falling in the community with the aim of providing new insights for nurses as they approach the issues with patients. Implications for practice Management of falls risk improves through constructive, proactive health behaviour. Promoting a positive attitude towards living well encourages older people to engage in healthy, risk reducing behaviours. Older people reject the designation of "at risk of falling" due to a perceived association with dependency and incompetence. The negative association is a barrier to engaging at-risk populations with fall prevention interventions.

Database: BNI

3. The Diagnostic Accuracy of the Berg Balance Scale in Predicting Falls

Author(s): Park, Seong-Hi; Lee, Young-Shin

Source: Western Journal of Nursing Research; Nov 2017; vol. 39 (no. 11); p. 1502

Publication Date: Nov 2017

Publication Type(s): Journal Article

PubMedID: 13649

Abstract: This study aimed to evaluate the predictive validity of the Berg Balance Scale (BBS) as a screening tool for fall risks among those with varied levels of balance. A total of 21 studies reporting predictive validity of the BBS of fall risk were meta-analyzed. With regard to the overall predictive validity of the BBS, the pooled sensitivity and specificity were 0.72 and 0.73, respectively; the accuracy curve area was 0.84. The findings showed statistical heterogeneity among studies. Among the sub-groups, the age group of those younger than 65 years, those with neuromuscular disease, those with 2+ falls, and those with a cutoff point of 45 to 49 showed better sensitivity with statistically less heterogeneity. The empirical evidence indicates that the BBS is a suitable tool to screen for the risk of falls and shows good predictability when used with the appropriate criteria and applied to those with neuromuscular disease.

Database: BNI

4. A Multihospital Survey on Effective Interventions to Prevent Hospital Falls in Adults

Author(s): Tzeng, Huey-Ming; Yin, Chang-Yi

Source: Nursing Economics; 2017; vol. 35 (no. 6); p. 304

Publication Date: 2017

Publication Type(s): Journal Article

PubMedID: 36025

Abstract: Agreement between prior knowledge and perceptions could be established through observation and clinical experience.Because nurses' agreement precedes their know-how (e.g., knowing how to implement fall prevention interventions), exploratory factor analysis was completed on the items in the "Effectiveness" column.The skewness and kurtosis values of effectiveness intervention items on a 5-point scale were acceptable; absolute skewness values for all items were less than 2.00 and absolute kurtosis values were less than 2.42.[...]these items were treated as continuous variables.[...]effectiveness group 2 (M=4.06, SD=0.57, 21 items) had the highest mean value, followed by effectiveness group 5 (M=4.04, SD=0.68, 2 items).The compliant rate of maintaining a call light within reach should be 100% or very close to it.[...]unitbased quality improvement initiatives could target increasing the compliant rate and decreasing inpatient fall incidents due to an inability to make a call to nurses.

Database: BNI

5. Predictors of postoperative falls in the first and second postoperative years among older hip fracture patients

Author(s): Yeh, Hsiang-Fen; Shao, Jung-Hua; Li, Chia-Lin; Wu, Chi-Chuan; Shyu, Yea-Ing L

Source: Journal of Clinical Nursing; Nov 2017; vol. 26 (no. 21-22); p. 3710

Publication Date: Nov 2017

Publication Type(s): Journal Article

PubMedID: 38644

Abstract: Aims and objectives To explore risk factors for a single fall and multiple falls in the first and second postoperative years among older hip fracture patients. Background Older hip fracture patients have a high probability of falling again after a fall incident. Risk factors for postoperative falls among older hip fracture patients in Taiwan remain to be confirmed. Design Secondary analysis. Methods Data collected from control groups of two clinical trials conducted during 2001-2004 and during 2005-2009 were selected. Overall, 181 older adults who underwent hip fracture surgery were assessed at predischarge and postdischarge. Participant data were collected through home visits. Results Decline in unaffected limb quadriceps muscle endurance was a crucial predictor of a single fall in the first postoperative year for older hip fracture patients. Advanced age and more severe depressive symptoms were the crucial predictor for multiple falls. Engagement in activities of daily living was the crucial predictor for falls during the first to second postoperative years among older hip fracture patients. Conclusion In Taiwan, postoperative falls that occur within 1-2 years of a hip fracture are associated with a high incidence of single and multiple falls in older people. The crucial predictors of falls in the first and second year after a hip fracture include unaffected limb quadriceps endurance, age, depression status and postdischarge activities of daily livings in older people. Relevance to clinical practice The identified factors associated with subsequent falls within one and two years of a hip fracture should be incorporated into clinical strategies and taught in nursing courses. Early postoperative lower extremity muscular endurance rehabilitation must be provided. Furthermore, as part of the healthcare plan before hospital discharge, it must be ensured that the community where the older adults live has nutritional education, cognitive screening and psychological support.

Database: BNI

6. The prevalence of pain and its relationship to falls, fatigue, and depression in a cohort of older people living in the community

Author(s): Crowe, Marie; Jordan, Jennifer; Gillon, Deborah; McCall, Cate; Frampton, Christopher; Jamieson, Hamish

Abstract: Aim To examine the relationship of the pain severity scores with demographic variables (age, gender, and ethnicity) and with the frequency of falls, fatigue, and depression in a very large New Zealand sample of people over 65 years assessed using the Home Care International Residential Assessment Instrument. Background Pain is reported to be highly prevalent in older people yet it is poorly correlated with tissue damage. There is convincing evidence that it is related to depression and some evidence of its relationship with fatigue and falls. Design This is a cross-sectional study examining a national cohort assessed on referral for a needs assessment for access to publicly funded service provision or support. Method Participants were 45,418 adults aged over 65 years referred for a mandatory needs assessment between 2012-2014. All variables analysed were drawn from the Home Care International Residential Assessment Instrument. Univariate descriptive statistics were used to characterize the sample in relation to the association of severe pain with age, gender, and ethnicity and with the key variables of interest: falls, fatigue, and depression. Logistic regression models were used to examine the relationship of the presence or not of severe pain with the other key health-related variables: falls, fatigue, and depression, respectively, after controlling for the presence of age, gender, and ethnicity. Odds ratios are reported to quantify the difference in risk with increasing severity of falls, fatigue, and depression. Results The mean age of the cohort was 82.48 years (SD 7.48) and 48.5% of the sample reported experiencing daily pain. The rates of severe daily pain were 12%-18% with those in the 65-74 years group having the highest reported rate of severe pain (18%) and a gradual decrease in severe pain with age. After co-varying for age, ethnicity, and gender, the presence of severe daily pain was predicted by increasing frequency of falls and fatigue and having current depression. While two-thirds reported their pain control was adequate, a third reported that their pain control was not adequate despite adhering to a therapeutic regime. Conclusion The study highlights how pervasive pain is in this group and its correlation with falls, fatigue, and depression. While the effect sizes were relatively small the results may be clinically significant and it may be clinically important that the presence of pain in older people could indicate the need for further nursing assessment in relation to falls, fatigue, and depression.

Database: BNI

7. Tai Chi May Help Prevent Falls in Older and At-Risk Adults

Author(s): Anonymous

Abstract: An analysis of published studies in the Journal of the American Geriatrics Society, tai chi may help reduce the number of falls in both the older adult population and at-risk adults. Tai chi is an ancient Chinese practice focused on flexibility and whole body coordination that promotes harmonized motion in space. To further investigate the effect of tai chi, Rafael LomasVega, PhD of the University of Jaen in Spain and his colleagues searched the medical literature for relevant studies, and found out that there was high-quality evidence that tai chi significantly reduced the rate of falls by 43% compared with other interventions at short-term follow-up.

Database: BNI

8. Decreasing Falls in Acute Care Medical Patients: An Integrative Review

Author(s): Rowan, Leslie, MSN, RN, CNL, CWCN, CFCN; Veenema, Tener Goodwin, PhD, MPH, MS, RN, FAAN

Source: Journal of Nursing Care Quality; 2017; vol. 32 (no. 4); p. 340

Publication Date: 2017

Publication Type(s): Journal Article

PubMedID: 35900

Abstract: Falls in acute care medical patients are a complex problem impacted by the constantly changing risk factors affecting this population. This integrative literature review analyzes current evidence to determine factors that continue to make falls a top patient safety problem within the medical unit microsystem. The goal of this review is to develop an evidence-based structure to guide process improvement and effective use of organization resources.

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Journals: Tables of Contents

Click on the titles (+ Ctrl) for hyperlinks to the journal contents table. If you would like any of these papers in full text then get in touch: library@uhbristol.nhs.uk
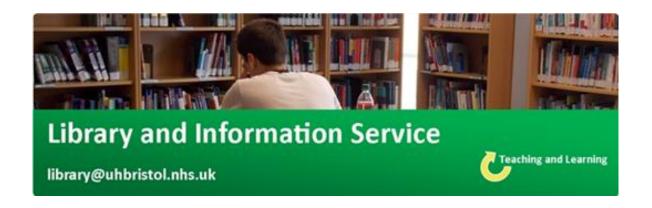
Age and Ageing

January 2018 – Volume 47 – Issue 1

Journal of the American Geriatrics Society

December 2017 – Volume 65 – Issue 12

Library Opening Times

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