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## Objectives



- *™* To describe the consequences of falls
- To identify factors associated with recurrent falls for community-dwelling older adults.
- This study was a part of a larger multi-center study on Community Occupational Therapy Falls Reduction Program involving the Occupational Therapy Departments and A&E Departments of PWH, QMH and PMH.



# Methodology

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#### Inclusion criteria

- *Older adults aged* ≥ 65
- Residing at home
- Ambulatory
- Phone MMSE  $\geq 15$
- Admitted A&E (PWH / QMH / PMH) due to fall







**12-month follow-up**Bi-weekly phone interview on recurrent fall
by research helpers



#### Baseline information

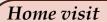
- Socio-economic data
- Medical issues
- Mobility level
- *ADL*
- Characteristics of fall
- Functional tests

(Timed up & go test / Visual acuity test) by medical consultants (A&E) & occupational therapists

#### Discharge from hospital

- *Phone Barthel Index (BI)*
- Frenchay Activities Index (FAI)
- Chinese Geriatric Depression Scale (GDS)

by research helpers



Randomly allocated to intervention and control groups to provide home visit by occupational therapists / research helpers



### Results





Sample = 167

*Daily exercises* ≥30 *minutes*: 67.7%

Female: 70.0%

Mean age: 78.3 years

**Fall at daytime** (0800- 1400): 13.2% - 20.4%

Indoor fall: *living room* (14.4%)

Outdoor fall: road (16.8%)

*Independent ADL:* 92.2%

Outdoor walker: 88.0%

The most common activity at the time of falls: **performing self-care activities** (29.3%) Intrinsic factors: 52.7%



Recurrent falls: 7.2% in 6 months, 11.4% in 9 months. **Phone BI** score predicts 51% risk of recurrent fall; together with **performing physical exercises** increases to 74%.

### Conclusions

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- Realls at daytime and falls associated with self-care activities were commonly found in community-dwelling older adults.
- Righer Barthel index scores and physical activity levels were found to be predictors of recurrent falls amongst community-dwelling older adults.
- Rurther studies investigating
  - The correlation between ADL, physical activity levels, and falls
  - 3 Both intrinsic and extrinsic factors for falls