Intervention Addresses Seniors' Fear of Falling

BY ROXANNA GUILFORD-BLAKE

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 stigma, 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 intervention consisted of her doctor telling her “don’t fall.” She went online to find balance exercises, but she wouldn’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 rated 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 item 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, he 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 transiting 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 biomechanical 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, transiting, and reaching.

As part of the ongoing Vancouve 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, collapsing...