

Falls prevention for community-dwelling people living with dementia

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Types of dementia

Describes the symptoms of a large group of conditions resulting in a progressive decline in cognition caused by brain cell death

Most commonly Alzheimer's disease (50-70%); vascular dementia (~20-30%); fronto-temporal dementia (5-10%) and dementia with Lewy-bodies (~5%)

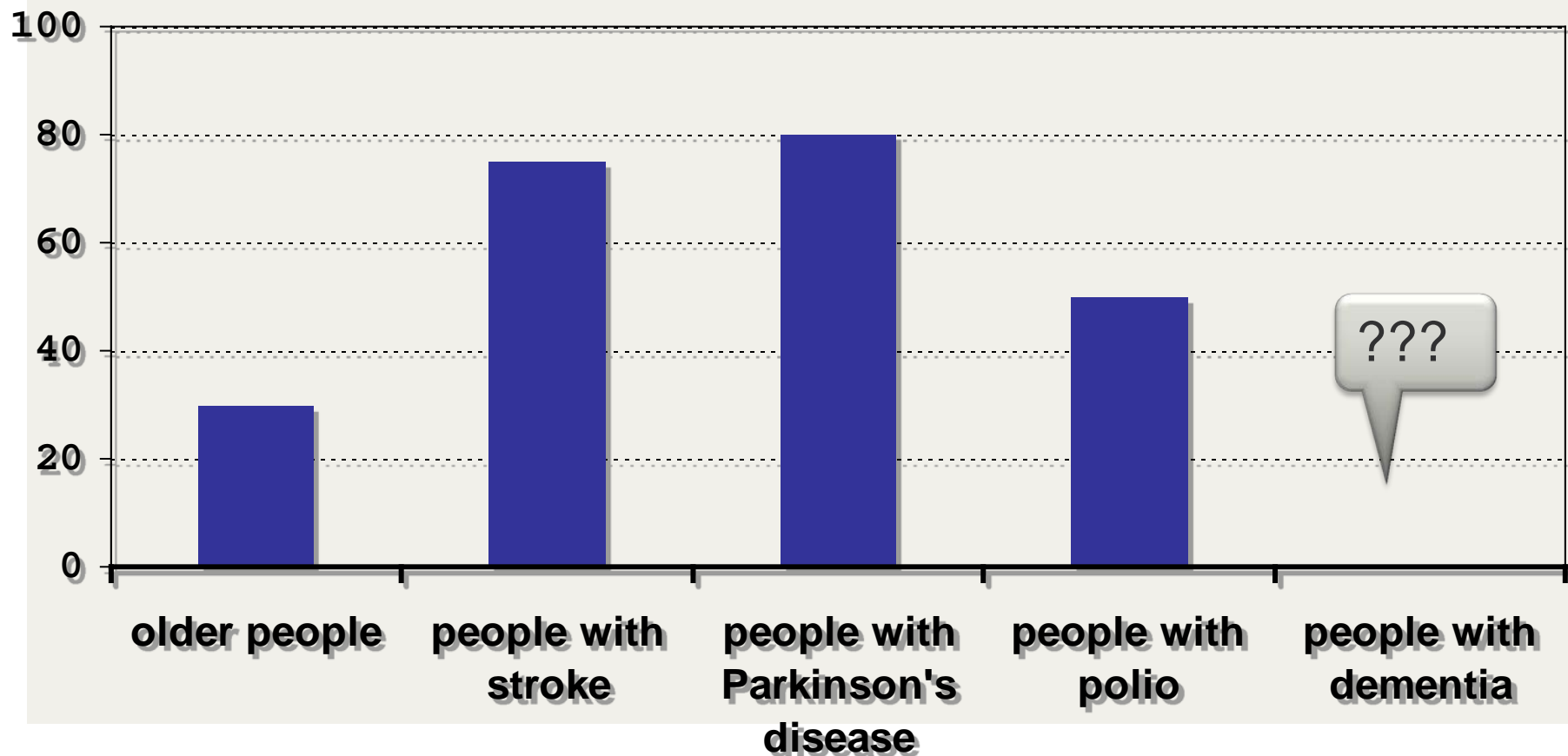
Impact of dementia

- ~ 298,000 Australians living with dementia (AIHW, 2012)
- Third leading cause of death in 2010

Individually, there are changes to:

- Memory
- Judgment and problem-solving ability
- Orientation to time and place
- Ability to undertake personal care
- Possible emergence of behavioural and psychological symptoms

Falls in Clinical Groups



Epidemiology of Falls in Dementia

- 60-80% of older people with dementia (twice the rate of older people without cognitive impairment)
- Approx. 3 times increased fracture risk
- Fallers with dementia are 5 times more likely to be institutionalized

Prevalence of Falls

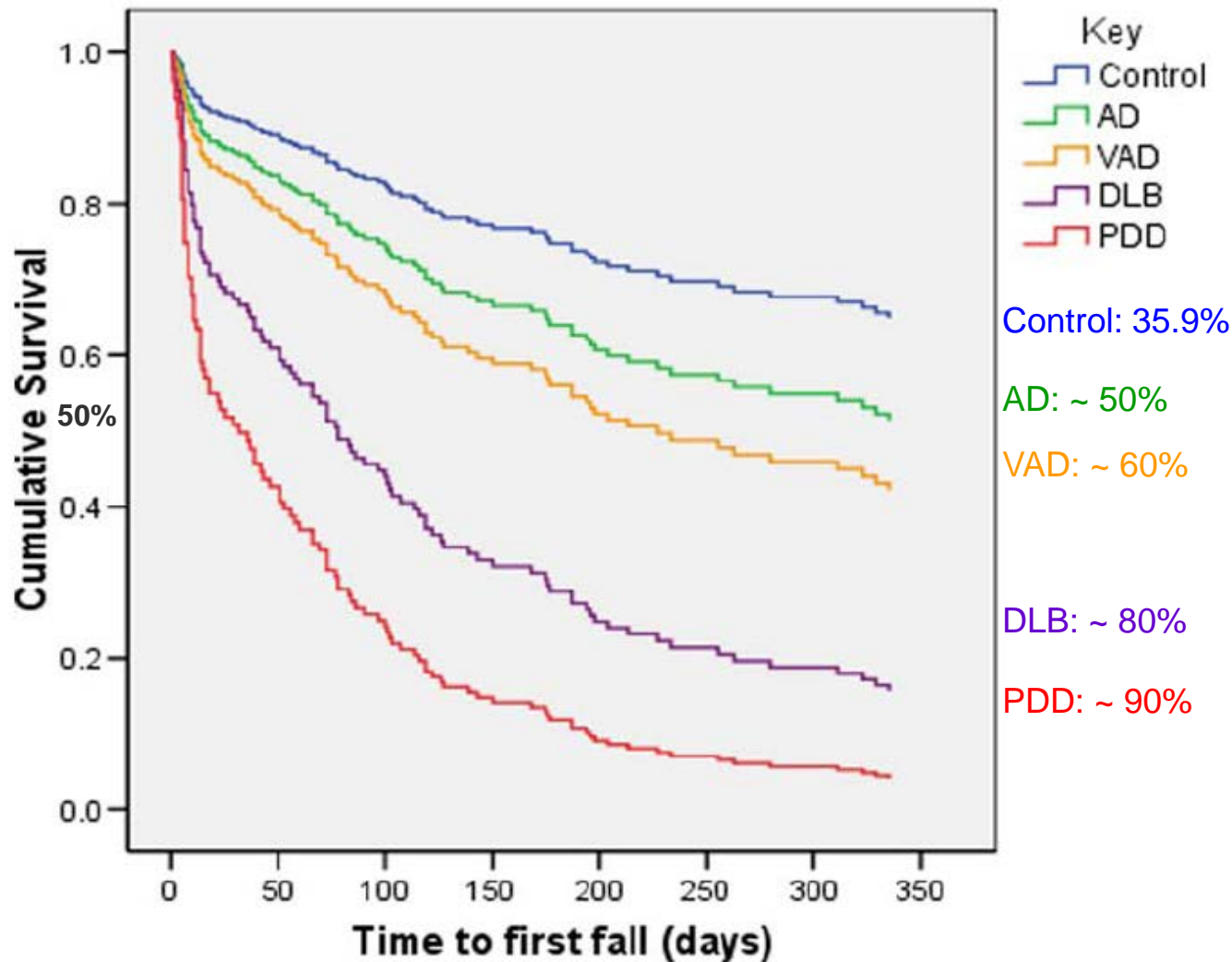



Figure 2. Survival curve showing time to first fall by diagnosis.

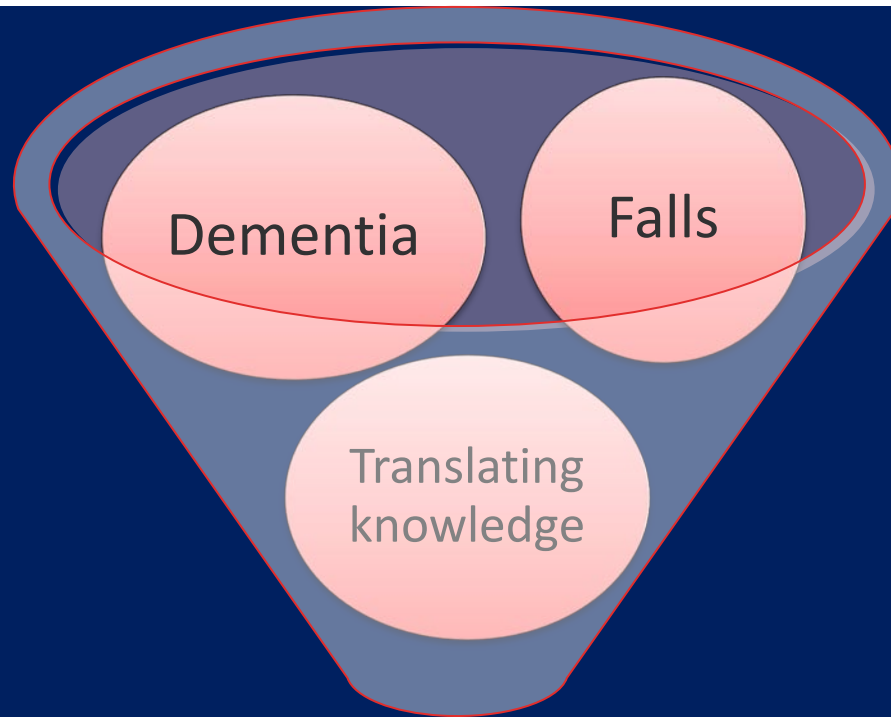
Risk factors

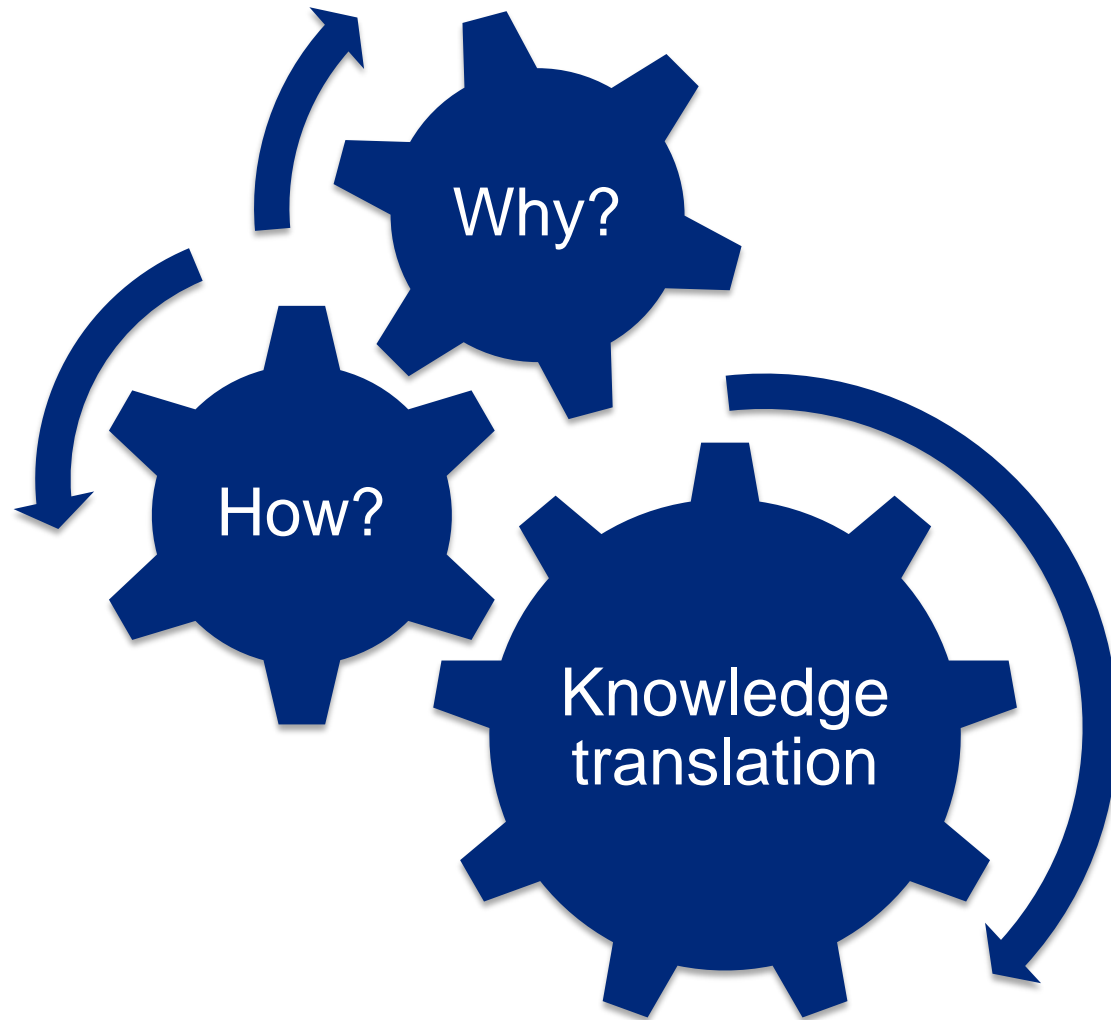
Risk factors shared with cognitively intact people	Risk factors specific to people with dementia
Previous falls history	Aetiology of dementia
Postural instability	Longer duration of dementia
Medications (esp. psychotropics)	Impaired executive functioning (including attention and working memory)
Orthostatic hypotension	Risk taking behaviours (wandering, agitation, impulsivity)
Environmental fall hazards	Visual impairment
Nutrition	



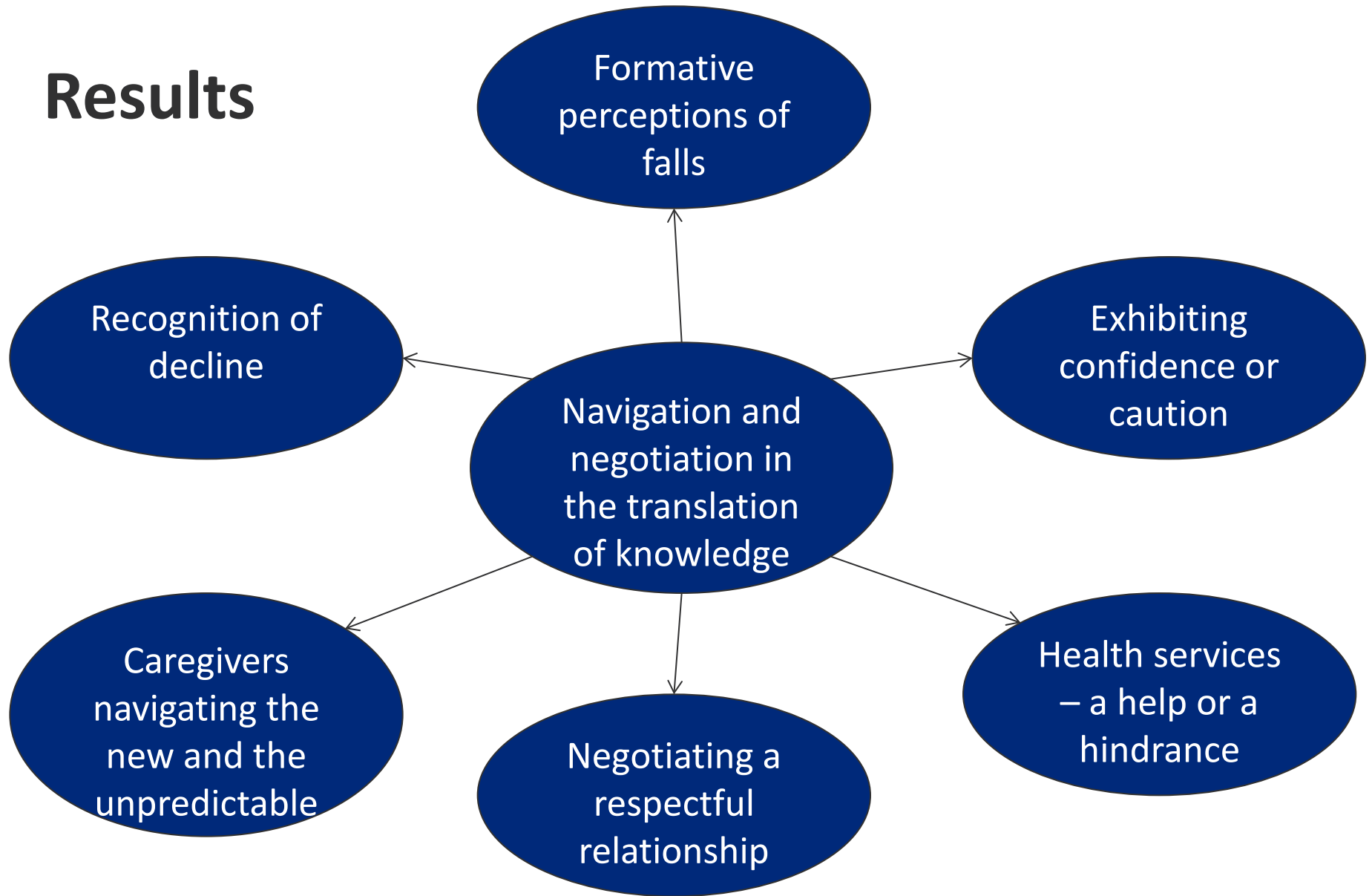
“For older persons with cognitive impairment, there is insufficient evidence for supporting any recommendations to reduce fall risk”

American Geriatrics Society/British Geriatrics Society 2011





Results



Formative perceptions of falls

“you tip over” ... “lose your balance”

“doing something you shouldn’t be” ... “it was my fault (that I didn’t go to the toilet earlier)” ... “I don’t leave things lying around anymore”

“what’s the use in worrying about it...if you are going to fall, you are going to fall”

“never hurt nothing...so it’s OK” ... “a major fall...it is the beginning of the end”

“it was a nasty feeling” ... “made me feel useless” ... “bloody stupid”

Exhibiting confidence or caution

“not a real problem...just got to be on the ball”

“I haven’t really had a fall...I overbalanced”

“I just need to be more careful”

“so really we just try to make sure the lighting is good, no mats, nothing slippery, careful we don’t have spills”

“there was just nothing...just fell...that was it...but what can you do about it”

“very, very aware where I put my feet” ...”not to do stupid things”

“I watch him like an eagle and God help him if he goes outside without that stick...I want to be sure that he gets the stick to go out”

Caregivers navigating new and unpredictable

“happy to listen to anything that anyone has to offer”

“it was for me just about information saturation...there was a time when it was bewildering”

“I don’t worry about it, but I am conscious of it all the time”

“it’s a constant worry...I would not like to go out and leave her on her own”

“as I come to each thing I handle it pretty well and I am interested in each thing...but I am taking each one as it comes because I can’t handle what is still coming down the road”

Recognition of decline

“the way she moves it, I don’t think it is in the right place...but even if I move it...she will get up and move it (back)”

“I’ve been trying to get her to carry a stick, take a stick with her, but she won’t”

“all he is interested in is getting up...he can’t seem to understand what I want him to do”

“why are you doing shortcut, you are to walk, you are not to go anywhere with less time”

“he has always been an exercise person”

“we walk pretty sensibly...part of being in it together”

Health services – a help or a hindrance

“I have been stunned by people just wanting to help”
“they didn’t put the correct one in (rails in bathroom)”
“they set it pretty rotten (fractured wrist)...I thought they were a little careless...brutal...lax”
“we all have the information...we all have the knowledge in there, but to convey it at the acceptable level is the important thing...and at the appropriate time...I think that is the key of it all”
“it is all happening at once...perhaps it comes at a time when you are already very stressed about it and then trying to take all of this in just adds to the burden it seems”

Health services – a help or a hindrance

“it takes a while to absorb everything...I am on a very steep learning curve”

“I have read some pamphlets and so on, but I don't know where they are from”

“would have been a benefit to talk it through” ... “I didn't have any written” ... “don't assume that the head nod means yes”

“most of the things she said I have completely forgotten...but she was quite good”

Negotiating a respectful relationship

“we are learning as we go along”

“we are getting on with it”

“no...I don't fall...do I?”

“I'm sorry Mrs O, but I've got to correct you there...you've been a little bit...unsteady”

“and it doesn't sink in (advice being given) and we have a bit of a tiff”

“she can't remember the first thing and I've already seen the 3rd risk”

“we've had experience” ... “we are not stupid”

“tell him how to walk with stick...to stay off the grass”

Clinical implications

Precarious balance between safety, autonomy and the provision of choice

Needs to be built on prior knowledge, experience and understanding personhood

Draws on open communication, active participation and decision-making, and mutual respect