AAG Webinar
Falls Prevention Evidence: A Close Look at the Cochrane Reviews

QUESTIONS

1. What do you propose the mechanism for Vit D to reduce the rates of falls in care facilities?

2. Do you think Stepping On program with Vit D supplementation is beneficial for care facilities?

3. Did the multifactorial intervention differentiate between ones where recommendations were followed through / implemented or not?

4. What factors were covered in the multifactorial interventions?

5. Does recommending single vision lenses rather than bifocals reduce falls risk?

6. Are there any people or situations where Vitamin D would be contra indicated?
   There are many pressure/movement types of alarms utilised in both hospital and residential care settings to alert staff to patients getting up/moving. I find nursing staff often are very attached to using such devices and often facilities have falls prevention strategies which emphasise the use of such devices. The Cochrane review found only one study looking at the use of such devices, with no reduction seen in falls.

8. Does the use of these devices place an over-reliance by staff in technology that in practice often doesn’t alarm until a person is already about to fall - after they have already gotten up? Should we stop using these?

9. Has there been analysis of dance and TaiChi - effect on balance and also effect on falls / injurious falls?

10. Where to for falls clinics? What is required to improve the delivery of interventions to community dwellers? Where to for research in care facilities?

11. Does that go back to looking at each person individually and clinically reasoning what would be best for them?
   I agree that an individual assessment approach is best, but it can be important to think beyond what is traditional for your discipline.

12. Can you comment on the effectiveness of interventions in the cognitively impaired (including delirium) well worth attempting to look at this subgroup in the review?
   This is a difficult question because there is limited relevant available evidence. The multifactorial intervention trials in care facilities included many people with cognitive impairment (dementia). Dr Anne-Marie Hill has clarified that the recently published paper from her and coauthors published in the Lancet also showed a benefit for people with cognitive impairment.

13. What has been shown to be effective in preventing falls in people with cognitive impairment – See above
14. Do frail older adults in aged care who exercise become more physically active and their increased falls rate therefore reflect this increased exposure to standing postures and walking where they may fall? This is one explanation that is plausible.

15. Re: bifocals and glasses, how do you interpret finding of Ian's RCT and Cumming et al. RCT? The RCT of single lens glasses showed a benefit for more active older people accessing the community and, with that trial, education was also provided. The contrast with the Cumming et al glasses RCT might be that changing prescription glasses in frailer people provided challenges in adaptation that led to falls.

16. Can you comment on the evidence guiding the balance between targeted interventions, and “one size fits all” multifactorial interventions

17. In one of the slides, Psychotropic Meds withdrawal had highest effect Are you aware of any Psychotropic Meds withdrawal RTCs or reviews or actions being made recently? There are no other psychotropic medication withdrawal studies (as the primary intervention) to my knowledge. Some of the medication management studies have included reduction of psychotropic medications as a component of a wider intervention (e.g. Pl et al, Med J Aust, 2007)

18. How would you recommend someone working in this area work collaboratively with someone to involve more study / evaluation of interventions? I am sure there are a lot of small great ideas out there.

19. ‘High Risk’ is note to be best targeted. How is that ‘high’ measured / defined? The assessment of ‘high risk’ will be different in different settings. A history of falls is generally a strong risk factor for further falls.