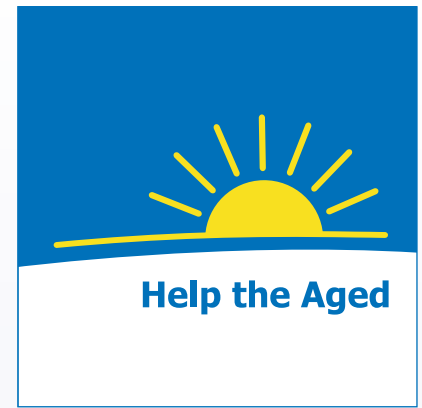


Preventing Falls

Don't mention the f-word!



Advice to practitioners on communicating falls prevention messages to older people



Falling in older age can lead to increased anxiety and depression, reduced activity, mobility and social contact, higher use of medication and greater dependence on medical and social services and other forms of care.

- About a third of all people aged over 65 fall each year, with higher rates among those over 75.
- Falls represent over half of hospital admissions for accidental injury, particularly hip fracture.
- Half of those with hip fracture never regain their former level of function and one in five die within three months.
- Of those older people who enter falls prevention programmes, most do so only after they have fallen, by which time they may have suffered serious consequences.
- Among those who are given the opportunity to take part in a falls prevention programme, the proportion who decide not to participate is often over 50 per cent, even in high-risk groups of people offered intensive intervention (for example, an exercise programme). For simple interventions in the community, such as home-based exercises, observed rates of uptake have often been less than 10 per cent.

A new report, *Encouraging Positive Attitudes to Falls Prevention in Later Life*, looks at the reasons why people tend not to respond to advice on preventing falls and examines health promotion materials to see how they try to persuade people of the advantages of falls prevention measures – or how they deter people from taking them. From this research we have extracted the following recommendations for practitioners in the field, presented as questions and answers. The quotations are from participants in falls prevention focus groups.

Q. Many older people are resistant to advice about preventing falls. Why is this?

A. Advice may be disregarded for a number of reasons:

- some consider it relevant only to people older and frailer than themselves – a view held by many over-75s in our study who had fallen recently
- some people reject the idea that they are at risk, either because they are genuinely confident (sometimes over-confident) of their capabilities, or because they feel that to accept that they are ‘at risk’ may stigmatise them as old and frail
- some people who have fallen do not accept that they are likely to do so again (and could therefore benefit from advice) because they attribute their falls to momentary inattention or illness rather than to a persisting vulnerability
- other people accept that they are at risk of falling but feel nothing can be done about it and that it is an inevitable part of ageing
- others accept that they are at risk and that falls prevention measures may work, but think the downside of taking the measures would outweigh the potential benefits.

‘I’d probably think [if given advice on falls prevention], “That’s for old ladies, not for me”’
(67-year-old female)

‘I wouldn’t go for that [advice] because it didn’t apply to me in any shape or form. Is there a bit of pride – “Well, I’m not there yet”?’
(60-year-old woman)

‘I don’t know how you can be told how to prevent falling. You don’t do it on purpose... it just happens’
(80-year-old)

‘If they did [offer advice] I wouldn’t listen to it. In one ear and out the other...’
(80-year-old man who had fallen out of bed four times in the previous eight months)

Q. What is the best way to persuade people to buy into advice on preventing falls?

A. Rather than focusing on the risk of falls – the very mention of which can be anathema to older people – and the possible consequences, it is always better to start by stressing the **benefits of improving strength and balance**. Strength and balance training is a key intervention to reduce the risk of falling. Training can be given for this at home, in the community or in hospital.

Activity carried out to improve balance is likely to be seen as socially acceptable and relevant by a wide range of older people, whereas hazard reduction, which many older people take to mean restricting activity, is not.

Q. Does it help to target people according to their age, risk of falling or fear of falling?

A. Targeting people in this way is unlikely to be effective, but it is a good idea to tailor the advice you are giving to the situation and to the capabilities of the individual. People are more likely to make use of information and opportunities (for example, to do balance training) if they can personally **choose the advice and activities** that will suit their particular abilities, needs, priorities and lifestyle. Also, it should be acknowledged that the recipient may have valid reasons for rejecting the advice.

Q. What sort of advice tends to be best received?

A. Many older people are receptive to messages about the positive benefits of exercises that improve balance and mobility, including health, strength, confidence and enjoyment. They are likely to welcome support and encouragement to help them make this kind of exercise an enjoyable, habitual part of daily life, especially if they are given explanations for the advice offered.

'I've just had a fall – it takes your confidence away'
(78-year-old woman)

'[Falls prevention advice] can make you feel that [you] are senile and just don't have any common sense and need to be told everything'
(71-year-old man)

'It's the assumption that your legs are going, your hips are going wobbly therefore you don't know what to do about it. You've got to tell these poor old things what to do – as though we haven't got any sense at all'
(72-year-old man)

'It's good advice, yes, excellent.. It doesn't mean to say I'll do it all but I agree [with it]'
(67-year-old woman, non-faller)

Q. What sort of advice tends to be received most negatively?

A. Advice about hazard reduction may be regarded as simple common sense, and hence potentially patronising. It may also be regarded as oppressive, if it restricts activity, or even (for some) frightening.

The most negative reactions relate to the suggestion that wearing hip protectors might be a good idea (for older people who have already had a fall). The detrimental effect on appearance is unacceptable to most older women, in particular.

More generally, advice of any sort given in an overly didactic, directive tone is unlikely to be well received.

Most older people take a fairly pragmatic view of life, and know all too well that it cannot be risk-free. If the message about risk is delivered too forcefully, that in itself can engender fear and nervousness about potentially risky activities.

'I think [advice about improving balance] would give me more confidence when I'm out'
(woman aged over 78)

'The last thing you want as you get older is to be told that you've got to be conscious [of the risk of falling] every time you go out. You don't want that, otherwise your life's gone. It's hard to explain, but you're not conscious of getting older and you don't want to be reminded'
(78-year-old woman)

'Slipping's frightening – puts the wind up me'
(69-year-old man)

Encouraging Positive Attitudes to Falls Prevention in Later Life
by Professor Lucy Yardley (University of Southampton) and Professor Chris Todd (University of Manchester), published in 2005 by Help the Aged, 207–221 Pentonville Road, London N1 9UZ at £10.00 (+ 50p p&p).

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