

Question & Answer (Q&A): Falls Prevention for Older Adults

Webinar participants asked these questions during the *Falls Prevention for Older Adults* webinar held on February 13, 2019. We have edited speakers' responses for clarity. The webinar recording, slides, and transcript can be found on the Resources for Integrated Care website:

https://www.resourcesforintegratedcare.com/GeriatricCompetentCare/2019_GCC_Webinar/Falls_Prevention_for_Older_Adults

Featured Webinar Speakers:

- David Reuben, MD, Chief of Geriatrics, University of California, Los Angeles
- Nancy Latham, PhD, PT, Brigham and Women's Hospital
- Priscilla Gazarian, PhD, CNS, RN, Brigham and Women's Hospital
- Sachin Jain, MD, MBA, Chief Executive Officer, CareMore Health
- Chelsea Gilchrist, MGS, Administration for Community Living National Falls Prevention Resource Center

Q1: Why does an individual's risk for falls more than double with the use of a walking aid?

Dr. David Reuben: This statistic does not mean that there is a cause-and-effect phenomenon. The walking aids themselves do not increase the risk of falling. However, use of a walking aid indicates that a problem with gait or balance already exists, and as such, these individuals are more likely to fall. Physical therapists can help to ensure people are using their assistive devices correctly.

Q2. Can you suggest strategies for keeping older adults engaged in their exercise programs?

Nancy Latham: First, it is important to understand which types of exercise programs members would be interested in continuing long-term. There are many effective exercise alternatives. It is most important to determine what is accessible and appealing to each individual. For example, some people might enjoy a dance-based program or a tai chi class, while others may prefer more traditional exercise programs. No matter what kind of program people choose to participate in, social support is key. Encourage your members to participate in their exercise with a friend or acquaintance. Once an exercise program is established, check-in regularly with your members and adapt exercise programs as needed.

Q3. Are there specific recommendations for preventing falls among individuals with Alzheimer's disease and dementia?

Dr. Sachin Jain: I think it takes a very holistic approach to address falls prevention among individuals with Alzheimer's disease and dementia. Long-term care facilities can implement space plans and consider architectural innovations to minimize fall risk. For example, there are

strategies to help orient older adults with Alzheimer's and dementia to person, place, and time. I recently visited a memory care facility that places pictures of residents from various stages of their lives outside of their rooms. This technique helps residents identify their room among the many other similar-looking rooms, facilitating a reorientation that reduces risk of falls.

Dr. David Reuben: For individuals with dementia, preventing falls depends very much on the stage of disease. For those in early stages, the approach is similar to that for all people at risk of falling. As the disease progresses, the person's individual manifestations of the disease guide modification of the standard approach. For example, when judgment becomes impaired or people become less aware of risky environments, more support, such as personal attendants, may be necessary. Similarly, consider modifying exercise programs to improve strength, gait, and balance to be simpler and performed with closer support for individuals with more advanced dementia.

Q4. Who is the best provider to do a basic gait, balance and strength evaluation? As a case manager, should I refer individuals back to Primary Care Providers (PCPs) to complete this or refer to Occupational Therapy?

Dr. David Reuben: I recommend that you refer individuals back to their PCP for the basic gait, balance, and strength evaluation. Although PCPs have limited time during appointments, PCPs can learn to complete a comprehensive falls risk assessment within two minutes. Especially for older adults, it is more important to assess gait, strength, and balance than other traditional physical examination components, such as listening to lungs or examining the abdomen.

Q5. Is entry-level yoga appropriate for falls prevention?

Nancy Latham: Yoga can be a very useful exercise program for overall strength and other mind-body benefits. However, current research shows that although yoga can complement falls prevention activities, it is not effective on its own to prevent falls. Effective falls prevention exercises, such as tai chi, include direct balance exercises.

Q6. In a primary care setting, how do you determine whom you should screen for falls risk?

Dr. David Reuben: Because basic falls screening takes just a few quick questions, all older adults should be screened. These questions can be part of an Annual Wellness Visit or as office staff-administered pre-visit questionnaires. The yield of positive results from screening and the likelihood of falling increases considerably among those 75 years of age or older.

Q7. Do you have more information on the techniques used for motivational interviewing?

Chelsea Gilchrist: We have a few resources on our website (<https://www.ncoa.org/>) related to motivational interviewing to improve health outcomes among older adults, including a webinar and a tip sheet. The Substance Abuse and Mental Health Services Administration (SAMHSA)

also has helpful information about motivational interviewing on the [SAMHSA-HRSA Center for Integrated Health Solutions website](#).

Q8. How do we encourage busy PCPs to focus on falls prevention?

Dr. David Reuben: Busy PCPs should work with other members of the care team. We encourage PCPs to have staff ask about falls whenever an older adult comes in for an office visit. Some good questions to ask are “Have you 1) fallen and hurt yourself in the past year? 2) fallen two or more times in the past year? 3) been afraid of falling because of balance or gait problems?” If the answer to any of these questions is “yes,” the next step is to check postural blood pressure and pulse measurements. The work of falls prevention should be shared between the PCP and other health professionals, including nurses, physical and occupational therapists, and even pharmacists. Each discipline has unique and complementary skills.

Q9. Where can we learn more about the STRIDE study?

To learn more about the STRIDE study, visit <http://www.stride-study.org/>.

Q10. Do you recommend that all health plans have a designated Falls Care Manager (FCM), or can we train all care managers in falls prevention?

Priscilla Gazarian: It would be wonderful if all plans had a FCM with specialized training. This training includes how to conduct strength, gait, and balance assessments and a number of other skills that nurses and other care managers may not already have.