Recent Education Sessions: Recorded Workshop Presentations

SA Health Falls Prevention Program recently delivered 3 workshops including several presentations that were recorded. If you were not able to attend the recent workshops or would like to hear them again, these presentations are available on:


Dementia, delirium and falls prevention (Workshop 22 March 2010)

- Preventing Falls in the Confused Older Person - The Evidence and the Real World

Improving the Safety & Independence of Older Adults at Home (Workshop 24 May 2010)

- Current trends in the CNAHS region in relation to home safety assessments
- Promoting independence and engagement with risk reducing behaviours
- Research into practice - the challenges of modifying an existing service
- The LiFE Project

For more information contact: Safety and Quality Unit Telephone: 08 8226 6334

New Fact Sheets Now Available!

The first 6 new SA falls prevention fact sheets for consumers are now available electronically through the Safety and Quality website:


More are due for release later this year.
Sleep and Falls

Sleep complaints are common in the elderly; not only due to the ageing process but also medications, the use of alcohol and caffeine, medical illnesses, psychiatric illnesses, changes in circadian rhythms (biological rhythms) and sleep disorders (Ancoli-Israel 1997).

Evidence suggests that fragmented sleep and sleep deprivation can affect the ability to function, mood, cognition, reaction times and motor performance. (Martin et al 1996).

The performance of activities of daily living is complex involving motor, cognitive and perceptual functioning. It thus follows that with reduced concentration and attention as well as delayed reaction times due to sleep deprivation that a person may be at higher risk of falling.

In a study of 782 elderly Australian women by Teo et al 2006, investigated the relationship between sleep complaints and falls risks. Day time sleepiness was measured using the EPWORTH Sleepiness Scale. Night time sleep problems were self rated from 1-5 and included: trouble falling asleep, trouble with waking up during the night, trouble waking and getting up in the morning and trouble waking up too early and not being able to fall asleep again.

More than 30% of participants of this study reported night-time sleep problems. Results concluded that an abnormal level of day time sleepiness placed people at twice the risk of falling but there was no significant association with night-time sleep problems and falls.

A study by Brassington et al 2000 however found all four night time problems were associated with falls and suggested that fragmented night-time sleep could increase daytime sleepiness and thus affect day time function. This study concluded that by addressing night-time problems there would be a reduction in day-time sleepiness and thus reduce falls risk.

Your role

Be aware of the effects that a poor night’s sleep and day-time sleepiness may have on your client’s abilities. The reasons contributing to poor sleep such as diet, medications, depression and incontinence may need to be addressed in order to assist in maintaining a healthy sleep pattern.

References:

New Research Study:

The effect of testosterone and a nutritional supplement on hospital admissions in under-nourished, older people.

Weight loss and under-nutrition are common in older people and associated with poor outcomes such as increased rates of hospital admissions and falls.

In a recent South Australian pilot study, individuals at risk of poor nutritional health were provided with daily treatment for one year with a combination of testosterone tablets and a liquid nutritional supplement. A significant reduction in hospitalization was evident in this group compared to those who received usual care. This treatment was not associated with increased adverse effects.

To confirm this finding, further research is planned. Subjects are sought to participate in this study, who meet the following criteria:

- Both men and women
- Aged 65 years or older
- Living at home or in an independent living unit
- At nutritional risk with either recent weight loss or BMI <22 kg/m² or look thin

Who is not able to participate?

- Older people living in nursing homes
- Older people with prostate or breast cancer must not take part in this study.
- Older people with confirmed diagnosis of dementia
- Older people with a heart attack or bypass or stent in the last 12 months
- Older people with a stroke in the last 12 months

If you have someone in mind please contact: Dr Cynthia Piantadosi telephone (08) 81334014 or email: cynthia.piantadosi@adelaide.edu.au

Chief Investigators:
A/Prof Renuka Visvanathan – Geriatrician (TQEH, Adelaide Health Service & University of Adelaide)
Prof Ian Chapman – Endocrinologist (RAH, Adelaide Health Service & University of Adelaide).

CNAHS turns to AHS...

As of 1st July 2010 the Central Northern Adelaide Health Service (CNAHS) Falls Prevention Team is now part of the new Adelaide Health Service (AHS). Hence we are now known as the AHS Falls Prevention Team (Central and Northern Adelaide regions).
Southern Falls Prevention Team Update

The following excerpt has been taken from a recent article published by the Southern Adelaide Falls Team titled “On the pathway to fewer falls”

Hertha, 79, visited the Flinders Medical Centre emergency department in October 2009 after slipping over in her home. She was identified as a candidate for the Pathways to Independence program. Resthaven occupational therapist Ashleigh conducted a home assessment and found Hertha would benefit from physiotherapy to improve her balance, a magnetic door catch to keep her door open and help from the local council to do some spring cleaning.

While Hertha didn’t initially consider herself at risk of having another fall, she attended several physiotherapy sessions and learned balance exercises that she does in her retirement village swimming pool every afternoon. She also agreed that a magnetic door catch would make it easier for her to get in and out of the house with her walker or washing basket. Ashleigh was pleased Hertha was open to having an assessment and taking actions to reduce her likelihood of having a fall. Hertha credits Ashleigh for opening her eyes to potential falls risks and supporting her to access the services she needed.

For more information about the falls team or Pathways to Independence, contact Chrissie Isaksson on (08) 8201 7816 or email christina.isaksson@health.sa.gov

Education Sessions 2010

August
Continence and Falls
Presenters: Di Semmler, Rosalie Donhardt and Lee Pretty
Organisers: AHS Falls Prevention Team
Contact: Gill Bartley phone 1300 0 32557 or Gillian.bartley@health.sa.gov.au
Date: 31 August 2010
Time: 14:00 - 16:30
Venue: Shop 5 Northwood Plaza, 221 Main North Rd, Sefton Park 5083.

October
Tai Chi for Arthritis Part 1
Presenter: Rosemary Palmer
Organisers: Arthritis SA
Contact: Carol Spargo phone 8423 0912 or c.spargo@arthritissa.org.au
Date: 9th & 10th October
Time: 9-4.30 both days
Venue: Arthritis SA, 118 Richmond Road, Marleston

November
4th Australian & New Zealand Falls Prevention Society Conference
Registration is now open!
Details of the conference program and pre conference workshops are available at http://www.otago.ac.nz/fallsconference/
Feature Service

Adelaide Exercise Physiology is a team of Accredited Exercise Physiologists that specialise in the delivery of exercise, lifestyle and behavioural modification programs. Individuals with reduced balance, cardiovascular disease, diabetes, osteoporosis, depression, cancer, arthritis and COPD are referred to programs run at AEP.

Exercise in the home is an option for some clients, particularly those with transport issues or those that may simply feel more comfortable in their familiar surrounds. This service is provided for clients that have a DVA gold card.

Services
Exercise programs are designed to meet the goals and needs of each individual. Every exercise program is therefore individually designed and can vary between a clinic or home based program.

Weekly exercise sessions are available at the three clinic locations. These sessions are supervised and are offered to clients for ongoing exercise conditioning in a safe and friendly environment.

Locations
Adelaide Exercise Physiology has three main clinic locations equipped with the latest exercise and testing equipment.

- Woodville Park – 699 Port Road, Woodville Park
- St Mary’s – 1187 South Road, St Marys
- Ridgehaven – 1017 North East Road, Ridgehaven

In addition to three main clinic locations AEP have numerous consult rooms across SA including some regional centres. For further information phone 8244 40450.

Eligibility
All patients are welcome at Adelaide Exercise Physiology with a medical referral and medical history.

Referral
Clients can be referred to AEP through:

- Team Care Arrangement through the client’s GP
- DVA
- Private referral from GP or specialist

For further information phone 08 8244 0450
Falls and Brain Injury
This year’s national Brain Injury Awareness Week - August 16-22 is devoted to falls, particularly in older Australians.

Please visit Brain Injury Australia’s website - www.braininjuryaustralia.org.au to learn more about what events are planned in your State or Territory. You can also download and print the posters and postcards that have been designed to promote the week.

Brain Injury Australia’s 2008-2009 policy paper on falls-related traumatic brain injury prepared for the Australian Government’s Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) is also available.

Brain Injury Australia has printed a limited number of the posters and postcards. If you would like some sent to you, please send your request to: admin@braininjuryaustralia.org.au or call Nick Rushworth, Executive Officer, Brain Injury Australia on (02)9591 1094.

For more information
Falls Prevention Team
PO Box 508
Prospect East SA 5082
Telephone: 1300 0 32557 (1300 0 FALLS)
Facsimile: 1300 467 567
gillian.bartley@health.sa.gov.au