

Falls Prevention Newsletter

Central and Northern Adelaide Health Service

A key aim of the Falls Network is to bring together health professionals with an interest in falls prevention.

In This Issue:

Service Directory Update.....	1
Service Update.....	1
Fear of Falling.....	2 – 4
Southern Update.....	4
Recent Education Session.....	4
April Falls Month 2011	5 - 6
Education Planner.....	6
Feature Service:Better Access Initiative / Psychology.....	7

Falls Prevention Service Directories Update

The fourth version of the directory is anticipated for release August 2011.



It's that time again! Six months has passed and we are preparing to update our Service Directory.

You can help us achieve our goal of providing you with the most current service information. Please notify a member of the falls prevention team of any changes (however slight!).

Please phone the Central and Northern Adelaide Falls Prevention Team on 1300 0 32557 or email Ashleigh Scollin on ashleigh.scollin@health.sa.gov.au by July 21st 2011.

Falls Prevention Program Update

Referrals made to the Central and Northern falls teams have more than doubled in the past year and have increased three fold since 2009. Our primary referrers are hospitals, GP practices and the South Australian Ambulance Service.

We have recently incorporated the FROP Com in the triage process to identify key falls risk areas. By speaking with each client referred to us and obtaining collateral history from GP's, health providers and the electronic hospital database, we can ascertain the services required.

This has helped us to meet our objective of linking clients with the right services at the right time. Approximately half of the clients referred to us receive a falls clinic assessment, while others are connected with services to meet their individual needs.

1300 0 FALLS (1300 0 32557) Update



In one year, the usage patterns of the 1300 number have tripled. As a result, this number has now been adopted across metropolitan Adelaide, providing all health professionals and consumers with a one-stop enquiry number. When the number is dialled from a landline, it will be automatically diverted to your local area office. In 2011, we have received over 60 calls each month.

Fear of Falling: How confident are you?



Research suggests that a large number of older adults living in the community have a fear of falling even if they have no history of falls. The level of fear can be extreme and present as anxiety. It may also present as more subtle fear and related to a person's self efficacy. Self efficacy can be defined as a person's belief in his or her ability to succeed in a particular situation and can be based on the concepts of social cognitive theory.

The three main concepts are:

1. people learn by observing others and the environment
2. mental state is an essential part of learning
3. learning does not always result in behaviour change

An example: a client who has never fallen may be fearful as she was told that her neighbour broke her hip and died and that this happens to all older people who fall.

How are fear and falls connected?

Excessive fear of falling may lead to a person limiting their participation in activities which can result in social isolation, deconditioning and depression. The psychological consequences may be more disabling than the actual fall in relation to recovery. (Legers, 2002)

Categories of Client

Kim Delbaere (2010) suggested clients can under- or over-estimate their risk of falls. Delbaere identified four categories in which people could fit and suggested that these guide our intervention.

Category	Actual Falls Risk	Perceived Falls Risk
Vigorous	Low	Low
Anxious	Low	High
Stoic	High	Low
Aware	High	High

Screening tools

There are a variety of screening tools that measure the level of fear in relation to falls. Consider what you want to measure and the ability of your clients when selecting the tool for assessment.

Tool	Assesses	Number of items	Level of activity
*Falls Efficacy Scale International (FES-I)	Self Efficacy	16 items	Community- dwelling clients
Activities Specific Balance confidence Scale (ABC)	Fear of Falling	16 items	Higher functioning community- dwelling clients
Survey of Activities and Fear of Falling in the Elderly (SAFE)	Fear of falling	11 items	Activities of daily living Instrumental activities Mobility
Fall Behavioural Scale (FAB)	Awareness and behaviours	30 items	Community- dwelling clients

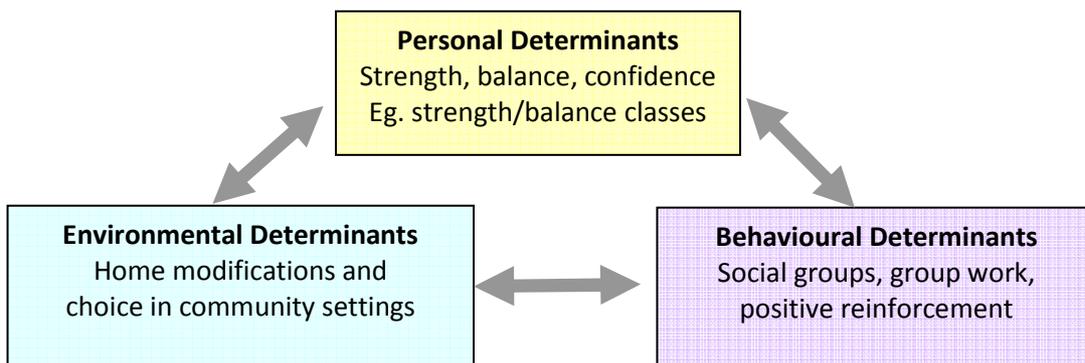
*Recommended in the Best Practice Guidelines for Australian and Community Care; Falls and Harm from Falls in Older People

Intervention

In 2007, Zijlstra concluded that home based exercise interventions, Tai Chi groups and multifactorial fall-related programs can reduce fear of falling. By participating in these interventions, clients improved their physical function, reducing their falls, which in turn built their confidence levels.

Myers et al suggests that building confidence should be addressed specifically as it is as important as physical training in decreasing fear of falls. Lowry(2010) argued that reducing fear in clients who are overconfident, may place them at higher risk of falls.

Multidimensional treatment suggested addressing personal, environmental and behavioural determinants. This links directly with improving physical fitness and reduction in fear. (Legters 2002).



Debaere suggested that a multidimensional approach should be tailored by considering the client’s category.

Category	Suggested primary therapy
Vigorous	ongoing exercise
Anxious:	cognitive behavioral therapy
Stoics:	falls prevention specific exercise programs with education component
Aware:	combination of exercise and cognitive behavioral therapy

Your role

- ✓ Risk assessments should ascertain actual and perceived falls risk levels.
- ✓ Consider referral to psychological services for support if high level of anxiety present (see feature service)
- ✓ Acknowledge the fear and discuss with your client
- ✓ Intervention should be multidimensional, addressing each determinants
- ✓ Discuss falls emergency plan with clients (refer to Fact Sheet 7: Standing up to Falls)

Useful Resources

- ✓ SA Falls Prevention Fact Sheet 7
- ✓ Pendant Alarm and the Personal Alert Systems Rebate Scheme
- ✓ Key Safe/ Key Box
- ✓ Telecross
- ✓ COTA Mobile Phone with Duress Alarm

References:

Delbaere K , Close J, Brodaty H, Sachdev P, Lord S. Determinants of disparities between perceived and physiological risk of falling among elderly people: cohort study *BMJ* 2010;341:c4165

Legters K. Fear of falling. *Physical Therapy*. 2002;82:264 –272.

Lowry F Fear of Falling Linked to Future Falls in Elderly. *British Medical Journal*. Published online August 20, 2010

Zijlstra GA, Haastregt JC, Rossum E, Eijk JM, Yardley L, Kempen G (2007): Interventions to Reduce Fear of Falling in Community –Living Older People- A Systematic Review, *American Geriatrics Society*, vol. 55, no.4,pp 603-615

Feature Outcome Measure: FES-I

The Falls Efficacy Scale International has been recognised as a tool to measure fear of falling and is recommended in the Best Practice Guidelines for Australian and Community Care: Falls and Harm from Falls in Older People.

Please see attached Easy Reference Sheet.

Southern Community Falls Prevention Team News (SCFPT)

The SCFPT have new contact details:

Phone: 1300 032 557 (1300 0 FALLS) Fax: 8201 7860

The SCFPT are piloting a recently developed Metropolitan Falls Prevention Request Form. This will initially be trialled in the Southern area. This form will provide access to the SCFPT for the coordination of falls prevention services such as the RGH Falls Assessment Clinic, In-Home Falls Risk Assessments (including the Pathways To Independence Program), and linkage to other services such as Day Therapy Centre Falls Prevention Programs. The request form can be used by all referrers including GP's, hospitals and community services. The request form is available from the SCFPT and can be accessed on the southern intranet and GPNS websites.

Recent Education Session:

“Early bone and balance screening – before the trouble starts”



The third network session was well attended by 66 people. ‘Getting In Early’ was hosted by the Central and Northern Falls Prevention Team and food provided by Southern Cross Care at The Monastery on 7 June.

Gill Bartley (Program Manager and Physiotherapist, Falls Prevention Team) opened the afternoon and spoke about emerging balance decline in people aged 40+ years, describing the most useful screening tools and options for minimising falls risk in later life through early intervention. The peri menopausal phase is a good time for women to consider osteoporosis risk,

level of physical activity and be screened for balance decline.

Claudia Meyer (Research Physiotherapist, National Ageing Research Institute) presented the results of a study aimed to provide early intervention for high-functioning adults 65 years and over to maintain activity levels and reduce falls risk factors. A home exercise program was provided through community health services in Melbourne. She provided a useful algorithm for selecting exercises and reported that over 25% of participants improved their balance to within normal limits after 6 months of completing them.

Professor Chris Nordin AO (Chair SA Health Working Party on the Prevention of Osteoporosis and Fractures) was the final presenter speaking about early screening to identify women at risk of osteoporosis post menopause and the calcium and vitamin D treatments available to manage this. There has been some progress in bone density scanning and treatments for those at risk becoming more readily available through the public system thanks to his work.

The presentations can be found on the FallsSA website www.fallssa.com.au. A calendar of network sessions for the remainder of the year will be available soon.

Interesting Thought: Wrinkles predict women's bone density?



A recent study by Yale University suggested wrinkles on a woman's face may be able to predict how likely she is to suffer from bone fractures. Their findings suggested the worse the wrinkles, the lower the bone density. It appeared that this relationship was independent of age and factors relating to bone mass. For further details click on the link below.

<http://www.abc.net.au/science/articles/2011/06/07/3237788.htm>

Education sessions to GP Practice Nurse Networks in the central and northern regions



Practice nurses are in a unique position to be “spotters” of clients who are high risk of falling. There are now nearly 9000 practice nurses nationally.

The 75+ health assessment is a useful annual screening tool for identifying falls risk factors for persons aged 75 years and over. The purpose of this assessment is to help identify any risk factors exhibited that may require further health management including factors that influence a person's physical, psychological and social functioning.

In our regions, education sessions have been held for over 160 GP practice Nurses in the central and northern areas. Following the sessions, there was an increase in knowledge about local services available to older clients and the service directory has been a popular tool for them to use.

April Falls Month 2011

April Falls Prevention Month was a huge success, with over 45 organisations taking part. A big thank you to all of you! Your enthusiasm, dedication and creativity toward the month is very much appreciated!



*The best display award goes to.....
St Margaret's Rehabilitation Hospital!*

St Margaret's Rehabilitation Hospital not only created a display, but ran a number of activities with staff including a poor vision obstacle course, balance activities, an afternoon tea and education sessions around falls. Consumers were also involved with a grimy glasses lens clean, taking part in find -a- words and fact sheets on falls prevention.



A special mention also goes to..... Southern Flinders Health.

The Southern Flinders health Team created 9 displays across their sites, placed articles in their local newsletters and ran a number of education sessions to seniors' groups and staff about falls prevention, including the fantastic use of a 'mystery box' containing falls-related items which prompted people to talk about risk factors for falls.



Education Planner 2011

Online Courses

Falls Prevention in the Older Person

Organisers: The George Institute for Global Health
University of Sydney
Contact: (02) 9657 0361
Email: injurycourses@georgeinstitute.org.au
Web: www.health.usyd.edu.au
Unit Code: PUBH5419
Date: Monday, 25th July 2011

Injury epidemiology, prevention and control

Organisers: The George Institute for Global Health
University of Sydney
Contact: (02) 9657 0361
Email: injurycourses@georgeinstitute.org.au
Web: www.health.usyd.edu.au
Unit Code: PUBH5417
Date: Monday, 25th July 2011

Keep your eye out for our network planner, which will be sent out to all network members in July.

Feature Service: Better Access Initiative/ Psychology



The Better Access to Mental Health Care initiative introduced new mental health Medicare items on 1 November 2006. The initiative is to improve treatment and management of mental illness within the community. The program forms part of the Commonwealth component of the Council of Australian Governments' (COAG) National action plan on mental health 2006-2011.

What mental health problems can be treated under the initiative?

Mental disorder' is a term used to describe a range of clinically diagnosable disorders that significantly impact on a person's emotions, thoughts, social skills and decision-making. The Better Access initiative covers people with mental disorders arising from:

- | | |
|---------------------------------------|---------------------------------|
| ✓ Anxiety disorder | ✓ Phobic disorders |
| ✓ Sleep problems | ✓ Sexual disorders |
| ✓ Depression | ✓ Conduct disorder |
| ✓ Adjustment disorder | ✓ Eating disorders |
| ✓ Post-traumatic stress disorder | ✓ Drug use disorders |
| ✓ Panic disorder | ✓ Attention deficit disorder |
| ✓ Bereavement disorders | ✓ Obsessive compulsive disorder |
| ✓ Alcohol use disorders | ✓ Psychotic disorders |
| ✓ Co-occurring anxiety and depression | ✓ Schizophrenia |
| | ✓ Bipolar disorder |

Referral

Clients must be referred by their GP or psychiatrist. A detailed mental health assessment and Mental Health Treatment Plan will need to be completed prior to the assessment. Advise clients to book a longer session with their GP to enable time for this.

Services

Up to 12 individual services and an additional 6 services in exceptional circumstances (to a maximum total of 18 individual services per calendar year) **AND** up to 12 group therapy services per calendar year

Cost

Services to clients are FREE. The cost varies depending on the length of the session and the fee being charged by the psychologist. If the psychologist bulk bills then there is no cost to the client, there may be gap payment.

How to locate services

<http://www.psychology.org.au/FindaPsychologist/Default.aspx?ID=1204>

For more information

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