

**FALLS HAPPEN TO OTHER OLDER PEOPLE BUT NOT TO ME: PRELIMINARY FINDINGS**

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**Outline**

- Why are falls an issue?
- Older people's understanding about falls
- Older people's intention to reduce their risk
- Relevance of falls prevention to older people
- Optimistic bias
- Method
- Preliminary findings
- Summary + implications

**Why are falls an issue?**

1 in 3 people aged over 65 (older people) fall *at least once* a year (Gill, et al., 2005)

Impact on confidence, independence, quality of life, morbidity and mortality (Laird, et al., 2001)

Health system cost - \$498 million in Australia per year, projected to more than double within 50 years (Moller, 2003)

**Older people's understanding about falls**

88% older people understand falls are a problem (Hahn et al., 1996)

Know consequences of falls (Aminzadeh, et al., 1998)

46% older people understand that falls can be prevented (Kempson et al., 2000)

25% perceived their risk as medium or high (Hahn et al., 1996)

**Older people's intention to reduce their risk**

12% intended to make changes in the next 6 months to reduce their risk of falling (Milligan 2005)

58% chose to do nothing post fall (Gill et al., 2005)

Health professionals report difficulty persuading people to modify their behaviour, particularly when older people:

- Have not fallen (Victorian Gov, 2001)
- Do not believe they are at risk of falling (van Haastregt, 2002)

**Relevance of falls prevention to older people**

"Falls are something for other people" (Managing Innovation Marketing Consultancy Network Pty Ltd, 2000, p.11).

Information

"I'd probably think that's for old ladies [laughs] not for me" (67 year old female) (Yardley et al., 2006, p.5)

"Because we're that much fitter - we don't really take too much notice of it, only for other people, for other disabled or elderly people that we have to watch when we're - we always watch older people anyway" (79 year old male, sheltered accommodation (Yardley et al., 2006, p.5)

Hip protectors

"If I thought the risk was there I'd certainly be prepared to wear them" (75+ hospitalised female) (Cameron & Quine, 1994, p.277)

**Optimistic bias**

People underestimate their own risk for negative life events compared to others (Weinstein 1982)

Occurs in different populations/hazards (Weinstein et al 2005)

Experience (directly or indirectly) reduces or eliminates optimistic bias (Helweg et al, 2001; Parry et al 2004)

Issue when people incorrectly do not believe they are at risk and do not act to reduce risk (Kos & Clarke, 2001)

**Aim:** generate theory of optimistic bias regarding older people's risk of falls

**Research question:** What meaning do older people give to their risk compared to other older people's falls risk?

Grounded theory methodology (Strauss & Corbin, 1998)

**Method**

- Plan to interview 12 people, aged  $\geq 65$  years, living in the community
- Semi-structured in-depth interviews
  - Direct and indirect experience of falls
  - Perceived risk of falling and perceived risk of other people their age falling
  - Reasons for differences between these ratings
- Sampling - convenience, snow ball and theoretical
- Sampling frame – age, sex, experience of falling

**Participants (so far)**

- N=5
- Age range from 67- 86 years
- 3 females, 2 males
- 2 live alone, 3 live with spouse
- 3 had falls that required medical attention
- 4 attend weekly exercise groups

**Preliminary findings: own risk and other risk**

Self rating 0-10	Verbal comments about self rating	Other rating 10	Sex and age
0	"I don't think I would fall"	5	Female 80-84
2-3	"It is always a possibility"	"Much the same", but for women using a frame 5-6	Female 80-84
3-4	"I have to be realistic"	"Much the same"	Female 65-69
5	"It is a great possibility"	5	Male 85-89
Unable	"My chances of not falling have improved"	"Less likely to fall than others"	Male 70-74

0 = no chance of falling      10 = certain chance of falling

**Preliminary findings:**  
perception of own risk of falling

**Main theme - chance**

- It will not happen to me  
"But I just think at the moment that it is not going to happen to me... Probably because I am active"  
(female 65-69)
- There is always a possibility of falling  
"It is silly to say no chance. You would be being real optimistic. I suppose, accidents happen so quickly"  
(female 65-69)

**Preliminary findings:**  
perception of own risk of falling

- Falling was external to their control  
"It is silly to say no chance. You would be being real optimistic. I suppose, accidents happen so quickly"  
(female 65-69)
- It was up to chance when they fell  
"You never know your luck in a big city. You really don't know when you are going to fall do you. Yeah. I suppose I will have a fall. But I have tried not to. I am very careful."  
(male, 85-89)

**Preliminary findings:**  
perception of own risk of falling

- "Taking more care"  
"You survey what you are going to do and where you are going to go. If you are going to walk, even if it is only a short thing, from here to across the other side of the road. You look: is there a gutter, is there rolling things off the tree? You just take everything into account. Before you undertake to make the move."  
(female, 80-84)

**Summary (so far)**

Own future risk of falls was low

Other older people's future risk was the same or more

**Main themes: chance related**

If falls occurred in the future, it would be based on chance, of which they had little personal control

Dealt with unexpected nature of falls by taking care, a moment by moment vigilance

**Stay on your feet Whyalla**

**Prevent Falls**

**Take Action**

**Falls are the major cause of loss of independence for older people**

- Be physically active every day
- Complete the Falls Risk Checklist
- See your doctor if you are at risk of falling

**You can reduce your risk of falls**

**Stay on your feet Whyalla**

**Falls Risk Checklist**

If you are 65 years or older, or an Aboriginal or Torres Strait Islander person over 55 years,

**How safe are you from falling?**

If you are at risk of falling, there are a number of ways to reduce it. Your doctor can advise you about these. Please take a few minutes to complete this falls risk checklist, marking the boxes relevant to you.

**My history of falling**

I have had a fall in the last year

If yes, I fell

- Inside my house
- Outside my house (eg garden)
- In a public place (eg shopping centre)

**About my medications**

I take 3 or more medications every day

I take sleeping tablets or tranquillizers or pain-killers

I have been more than 12 months since my doctor reviewed my medications

**About my level of physical activity**

I do less than 30 minutes of physical activity in a day (such as walking, housework, gardening or tennis) on most days of the week

**About my balance and walking**

I have difficulty getting up from a chair

I have poor balance when walking or turning

**Implications**

If older people believe falls are a chance event, then falls prevention messages such as 'you can reduce your risk of falling' may not be effective

"May be best to abandon advice on risk reduction altogether, and replace it with promotion of activities that enhance fitness, balance and mobility" (Yardley et al., 2006, p.8)

