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FALLS AND INJURY PREVENTION IN OLDER PEOPLE

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Falls research in older people has followed a logical pathway. Firstly, observational, cross sectional and then longitudinal population studies were used to determine the incidence, and complications of falls and fall risk factors. Intervention trials based on the identification of potentially treatable, causative clinical and physiological risk factors followed. There have subsequently been pragmatic trials which have tested the introduction of effective interventions into the health services.

We now have two main streams of service development and fall prevention (i) a detailed, multidisciplinary assessment of fall and fracture risk with interventions for those at particular risk (ii) a wider, population based approach with less detailed assessment and

a single therapist and intervention, resulting in broader coverage.

Despite the convincing trial evidence that fall frequency can be decreased, uptake by health funding bodies and by older people likely to benefit has been disappointing.

To increase service provision we need to recognise the barriers to implementation. These barriers can be (i) personal or patient related, (ii) professional because of inter-professional boundaries or because of fixed conceptual thinking, or (iii) political because of cost and time to prevention and cost silos.