

belt fit. While 90% reported their belt as comfortable, 21% reported repositioning their belt. Poor lap belt fit was more likely in obese (OR 2.2, 95% CI: 1.2–4.0) and overweight drivers (OR 1.8, 95% CI: 1.1–3.0), and females (2.2, 95% CI: 1.3–3.5). Comfort pads were associated with shorter stature (OR 1.1, 95% CI: 1.02–1.1), and cushions with belt discomfort (OR 2.5, 95% CI: 1.1–5.6). Musculoskeletal comorbidities increased belt repositioning (OR 1.3, 95% CI: 1.1–1.6), and comfort partially mediated this relationship ($p = 0.03$). General comorbidities, increased the odds of accessory use (OR 1.2, 95% CI: 1.04–1.3).

Conclusions Older drivers face challenges achieving comfortable and correct belt fit, and many reposition belts and use comfort accessories. This may negatively impact crash protection. Older drivers need to be aware of the importance of good belt positioning, particularly those with comorbidities. The impact of accessories on injury risk needs examination.

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ADDRESSING ELDER ABUSE IN THE UNITED STATES: FEDERAL GUIDELINES FOR ADULT PROTECTIVE SERVICES

¹Kathy Greenlee, ²Edwin Walker, ²Stephanie Whittier-Eliason. ¹U.S. Department of Health and Human Services, Administration for Community Living; ²Ibid

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Background Elder abuse—any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to people over the age of 60—impacts at least 6% of older adults across the globe, but only 17% of countries have collected national data to measure the scope of the problem.¹ In the U.S., Adult Protective Services (APS) systems play a critical role in identifying and responding to abuse, neglect, self-neglect, and financial exploitation faced by older adults and persons with disabilities; however, APS varies across and within states, lacking uniform guidance that hinders cross-jurisdictional cooperation, information sharing, and investigation. Further, lack of standardised service provision contributes to the absence of critical supports for victims. To address this gap, in 2014, the Administration for Community Living (ACL) established the Elder Justice and Adult Protective Services Program to support state APS systems to provide consistent, evidence-based services, so victims receive quality support regardless of their state or jurisdiction.

Methods The program seeks to improve APS systems nationwide by: developing federal guidelines to provide a standard for APS services through the input of expert stakeholders; implementing a National Adult Protective Services Data Collection System; and, funding demonstration grants to 11 states to enhance their APS systems through innovative practices.

Results Preliminary results demonstrate program success, with participation from more than 75% of state and territory jurisdictions in the data collection effort, and 600+ pages of public comments in support of the national guidelines. Phase 1 results (2 years of these collective efforts) are anticipated in June 2017.

Conclusions ACL's efforts to facilitate the development of a coordinated, national approach to APS systems shows promise for

enhancing state and local responses to investigating and responding to abuse, neglect, and exploitation of older adults, incorporating data collection to guide current practice and future research, evidence-based practices, and uniform response standards.

NOTE

¹ Global Status Report on Violence Prevention 2014. World Health Organisation, 2014.

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INJURIOUS FALLS AND SUBSEQUENT ADVERSE DRUG EVENTS AMONG ELDERLY – A SWEDISH POPULATION-BASED MATCHED CASE-CONTROL STUDY

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Background Various factors, including chronic diseases, multiple morbidity and polypharmacy, but also injuries like falls can put elderly at increased risks for adverse drug events (ADE). Despite numerous studies underlining the significance of healthy ageing, epidemiologic studies on community dwelling populations remain scarce in this field. In our study we determine the subsequent association between injurious falls and ADEs among older people, while recognising the role of number and type of medications, as well as co-morbidity.

Methods We used a matched case-control design for our study among Swedish residents 60 years and older. ADEs by unintentional poisoning resulting in hospitalisation or death were considered as cases. These were extracted from the National Patient Register (NPR) and the Cause of Death Register from January 2006 to December 2009. Cases were matched with four controls by sex, age and residential area. The medication prescribed during the four month period prior to index date, was extracted from the Swedish Prescribed Drug Register (SPDR), while previous episodes of injurious falls were extracted from the NPR. For our analysis we used conditional logistics regression and estimated our effects with odds ratios (OR) and 95% confidence intervals (CI). In the analysis, we adjusted for confounders, including comorbidity.

Results Within six-month after an injurious fall, we found a three-fold increased risk for an ADE among older people. Although the risk for an ADE after a fall injury is significantly high over the whole period, it was highest in the one to three weeks period immediately after an injurious fall. Younger older individuals (60–79 year), were at a higher risk than older ones (80+ year). Older people with an ADE up to three weeks following a fall injury had a tendency to have been prescribed a higher number of medications, but were less likely to have a previous medical history involving other fall-related hospitalizations.

Conclusions Older people with an injurious fall are at an increased risk for a subsequent ADE. The period after an injurious fall could serve as potential point for the prevention of ADEs. Falls are common among the older population group, and the medicinal options for treatments after a fall should be carefully regarded by physicians and their patients in consideration of the potential risk for ADEs.